

DRUG DEPENDENCY RELATED PROBLEMS AND THEIR DEALING TECHNIQUES

Prem Narayan Dhital
Psychologist /Counselor

Aasara Sudhar Kendra
Drug Treatment and Re-habilitation Center

DRUG DEPENDENCY RELATED PROBLEMS AND THEIR DEALING TECHNIQUES

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This book is dedicated to my parents:

Mr. Nama Nath Dhital

&

Mrs. Gyanimaya Dhital

Preface

This book is designed with a special effort of constantly conducting researches in the area of Drug dependency related problems for a half decade. It might be essential for the researchers and professionals to get in-depth knowledge of different facets of drug abuse problems. This book will be the milestone especially for counselors, psychotherapists, psychiatrists and researchers. It is expected to be helpful to the INGOs, NGOs and School teachers who are working in this field. Moreover, It will be fruitful to the recovering drug dependents to be aware of the problems and practicing self- dealing techniques with day to day emotional obstacles.

Regarding my five years researches and working experience in drug dependency treatment program; I can conclude that drug dependency problem is completely a bio- psychosocial problem, which has multi dimensions e.g.: Emotional problems, interpersonal behavioral problems, cognitive problems and the deviation of socio-cultural values. Partially, it is a physical illness regarding the chemical effects but mainly the problem of psychological complexities. In the integrated prospective drug dependency is really a psycho-social problem. So, it would never regard drug dependents as a symbol of criminal personality because they are psychologically ill in spite of their drug dependency.

I have designed this book into 25 chapters. Chapter 1 is related to drug abuse situation in Nepal. Chapter 2, 3 and 4 are the explanation of drug dependency and its bad consequences in life terms. Chapter 5 to 18 are designed about the psychological problems of drug dependents. Chapter 19 is related to the dream patterns of drug dependents. Chapter 20, 24 and 25 are designed as informative materials for parents, school teachers and researchers. Chapter 21 and 23 are about the behavioral problems of drug dependents.

I would like to express my gratitude to Mr. Laba Prasad Tripathi the joint secretary of the Ministry of Education and Sports and Mr. Pratap Kumar Pathak the joint secretary of the Ministry of Home Affairs for their appreciation and encouragement. I am always thankful and indebted to Mr. Bishnu Sharma program manager of Richmond Fellowship Nepal, Mr. Anan Pun the chair of Recovering Nepal and Mrs. Sabita Shah the founder secretary of the executive committee of Aasara Sudhar Kendra for their encouragement and appreciation.

I am immensely indebted to Prof. Dr. Murari Prasad Regmi, Dr. Bharati Adhiakri and Dr. Sishir Subba for their ideas in this study. I want to express my gratitude especially to Mr. Bishnu Sharma, program manager of Reachmond Fellowship Nepal and to those counselors and recovering drug dependents who helped me providing data and suggestions. I would like to express my deep appreciation and thanks to my wife Mrs. Gita Adhikari for her unflagging support and thankful with my colleagues Mr. Ranjan Dhoj Bista, Mr. Laxman Singh Adhikari, Mr Madhav Luitel and Mr. Shreedhar Sharma for providing materials and encouragements and thankful to Mr. Bidur Kumar Gautam for cooperation. I extend my deep thanks to Mr. Saroj Adhikari and Pranaya Sindurakar for typesetting and gratitude to the editors and publisher for frame outing this book.

Any suggestions and comments to inchanche this study will be thankfully appreciated.

Prem Narayan Dhital

I would like to express my gratitude to these drug dependency treatment centres and thankful to them:

- Life Line Help Group, Anarmani, Jhapa
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- Sahara Drug Treatment Centre, Butwal
- Youth Vision Centre, Bhairahawa
- Lumbini Drug Treatment Centre, Bhairahawa
- Richmond Fellowship, Kathmandu and Lalitpur
- Aasara Sudhar Kendra, Kathmandu
- Nava Kiran Treatment Centre, Kathmandu
- Nepal Youth Treatment Centre, Kathmandu
- Freedom Centre, Lalitpur
- Sangati Treatment Centre, Kathmandu
- Life Support Centre, Kathmandu
- Hamro Fellowship, Kathmandu
- Pratigya College, Kathmandu
- Bright Future Drug Dependency Treatment and Rehabilitation Centre, Kathmandu



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1st Feb. 2007

I highly appreciate to Mr. Prem Narayan Dhital for writing a book entitled 'Drug Dependency Related problems and Their Dealing Techniques'. I have randomly gone through the book. This book is also related to the research on Drug dependence and reduction techniques. I hope that this book will be a good reference for teachers, students, Researchers and professional psychologists. Any supports provided to the writer will be highly appreciated. I highly congratulate Mr. Dhital for his endeavor to write the book.

Labha Prasad Tripathi
(Joint Secretary)

Joint Secretary



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.....
Laba Prasad Tripathi
(Joint Secretary)
Joint Secretary

Message of Congratulation

It is indeed an immense pleasure for me to express my words of congratulation on the occasion of publishing the book on "*Drug Dependency Problems and Their Dealing Techniques*" which is written by Prem Narayan Dhital, a Psychotherapist/Counselor associated with Aasara Sudhar Kendra, a center for drug treatment and rehabilitation devoted to the service of drug dependants. This book serves as the manifestation of deliberated effort towards the issue of human development, in general, and drug dependency and youth development, in particular. I regard it a noteworthy opportunity to congratulate the author of this book who has reinforced to sensitize all of us in moving forward by joining hands in pursuit of solving the problem of drug dependency among youth population of the country. I am very much impressed by the asymmetric academic intervention in the field of drugs made by Mr. Dhital, and for generating an educational momentum in facilitating the collective realization of the developmental campaign needed for collectively resolving this problem of humanity and human dignity.

Illicit trafficking in drugs and its abuse is widespread and increasingly rapidly in the region of South Asia that boasts one of the oldest human civilizations in the world. Drug abuse among the youth is very much influenced by the trafficking in drugs that involves a web of hidden, profitable, efficient and expanding crime-led trade networks, and has gained global dimension in the form of organized international crime. The anti-human and anti-legal trade is multiplying at an alarming rate. It is a matter of shame for whole human society that even after more than four decades since the adoption of the anti-narcotics Convention and series of commitments by the international community, the illegal trade in drugs and narcotic substances continues to thrive at a greater pace. This has been a great threat against human productivity among youth population and damaging the human society at large with negative impact on sustainable human development.

In my opinion, though we all are in the movement of creating the drug free society, the overall efforts have not been altogether effective even getting the mark of sub-satisfaction. Drug supply networks are widespread and highly organised, well known but complex, and are often out of the reach of the present legal as well as developmental regime and there is an increasing threat of gaining momentum by such anti-human cause. As an outcome of deliberate research in the area of drug dependency related problems, and a deliberate developmental move, this Book signifies *strength of strategic thinking, strength of inspiration* and *strength of collective effort* in effectively addressing the psycho-social and behavioural concerns of drug affected population. With such strengths, this book is expected to advocate and sensitize wider range of population who have stake in dealing with the problem of drug dependency. This academic as well as applied exercise done in the field of drug abuse and drug dependency deserves adequate capacity to recovering drug dependants, synergizing withdrawal efforts and add value to social reintegration of target community. Both the clinical and community interventions will be facilitated by this academic output. As Government of Nepal is adventing towards creating drug free society through the recently adopted "National Policy on Narcotics Drug Control" and moving forward for a "National

Drug Demand Reduction Campaign", this book deserves meaningful stake in realizing this national momentum. This will be a valuable source of knowledge and techniques in the field of drugs that can be shared and utilized among the medical practitioners, behaviour-change professionals, trainers, researchers and the students for the good cause of human interest.

Realizing the fact that the Book is going to be the point of meaningful departure, I take note of this event to extend my heartfelt appreciation to the author for his meaningful contribution to expanding the techno-academic resource base in the field of drug demand reduction and harm reduction. I also admire the support received from various personalities associated with the field in producing the Book. It is the high time to be assured of continued and extensive guidance, inspiration and encouragement from all partners in the days to come in better realization of our collective will to prevent and deal problems of drug abuse and drug dependency in the world of humanity.

Pratap Kumar Pathak
Joint Secretary
Ministry of Home Affairs
Government of Nepal

4 February 2006, Kathmandu

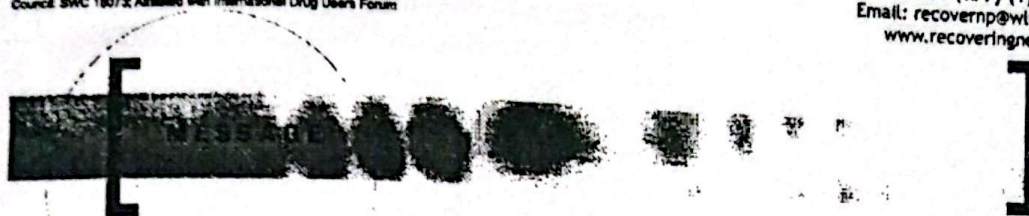
RECOVERING NEPAL

A National Network Of Drug Users In NEPAL

Registered with HNAQ, CDO 633-081/062; Affiliated with Social Workers
Council, SWC 18073; Affiliated with International Drug Users Forum

Recovering Nepal
P.O. Box 6744
Baluwatar, Seema Galli
Kathmandu

Phone : (977) (1) 211-1107
Fax : (977) (1) 441-3317
Email: recovernp@wlink.com.np
www.recoveringnepal.org.np



What can be done in the drug field with respect to the drug problem? Many counselors, drug treatment workers, men and women, anguished parents, drug users and non-users have asked the questions themselves. What can we do to combat drug problem in or society?

With this book, MR. Prem Narayan Dhital does not offer us definitive answer to this problem, but he has simplified the most complex phenomenon of drug addiction and provides us suggestions that could help us understand the issue more clearly.

I know that there are many methods and meanings and I know that there are many people with experience and knowledge who have totally and heroically dedicated their entire life to this problem. I respect this plurality at times they are not very harmonious – of ways that we apply to prevent and treat drug addiction. Mr. Dhital does not herewith proposes a very new and ultimate method, but offers a simple answer in the form of a simple practical guide, to questions that we consider important while dealing with drug problem.

It is my prayer that in this book thousands of people will find some answers, professionals and professors, educators and students, service provider and service seeker and family will definitely find some help. But most of all, its my only reservation that through reading this book many will move to a new level of insight, find profound values, and authentic meaning to their life.

Many thanks to Mr. Dhital for his intention, motivation and dedication in writing this book. Its an important milestone! But, lets remember !still miles to go before we sleep...

Recovering Nepal



Anan Pun

Anan Pun
Chairman
Recovering Nepal
National Users' Network





Richmond

Fellowship Nepal

Counseling, Crisis & Rehabilitation Centre
POBOX 12718, Kathmandu, Nepal

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First of all, I would like to thank and congratulate Mr. Prem Narayan Dhital for bringing out such a beautiful piece of work by developing a concise book on "Drug dependency problem and their dealing techniques."

Ironically, a country like Nepal with a huge drug problem, so far had no detailed reference materials related to Drug dependency problem. I was very much delighted when I had the opportunity to go through the book and I think that Mr. Dhital has contributed a lot to fill a large gap in the field of drug and drug led issues by developing this book. I am sure that this book will be of help to our country in order to fight against drug and drug led issues.

Bishnu Sharma

Program Manager
Male Rehabilitation Centers
Chobhar Gate, Kirtipur, Kathmandu
Email: richmond@ntc.net.np
Phone No. 4332532 / 4330349 / 016211226
Mobile: 9851019696
Po. Box. No. 12718

Female Centre: Pulchowk, Lalitpur Ph/Fax 00977 1 5522707 e-mail: rftwomen@wlink.com.np
Male Centre: Chobhar, Kathmandu Ph/Fax 00977 1 4332532 e-mail: sabera@ntc.net.np



Ref. no.

Dis No.

AASARA SUDHAR KENDRA - ASK

Ranibari, Mahaboudh, Kathmandu



Phone No. 430325

Ranibari, KTM

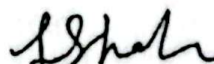
Date :

Subject : Congratulation and Best wishes !

It is indeed a pleasure to know that our professional counselor, **Mr. Prem Narayan Dhital** is publishing a book titled '**Drug Dependency Related Problems and Dealing Techniques**'. I sincerely hope that this book helps all individuals who are in this field or are genuinely interested to help drug dependency related problems. It is imperative for the society, to have resource of books, such as this, so that we are able to understand the complexities of this problem and help the affected deal with it.

This book deals with the subject in a well-researched manner, allowing the reader to actually get an in-depth view of drug dependency and the ways to deal with it. I hope that it acts as a guide to all practicing counselors in this field, and that there will be many more well-researched and informative books on this subject, in the coming future.

I would like to congratulate Mr. Dhital, on publishing this book and wish him success in this admirable venture.


Sabita Shah

Founder Secretary of the Executive Committee
Aasara Sudhar Kendra

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CHAPTER-1

DRUG ABUSE SITUATION IN NEPAL

Nepal is a landlocked country between India and China. It has physical diversities and is very rich in cultural heritages. Geographically, this country can be divided into Mountainous, Hilly and Terai regions. Mongol (Indo-Tibetan) People e.g. Sherpa, Lama, Tamang and Gurung live in the northern mountainous region. This region is excessively remote which has sloppy land feature. People have to do vast physical labour in farming and any other professions; walking ups and downs, carrying loads on their back. In another hand climatic condition is cool at any seasons. In winter season temperature decreases less than zero degree Celsius. So, people are used to drinking home made alcohol, local beer (CHYANG) to get relief from fatigue and keep the body warm. Socio-cultural setting or cultural practices with alcohol takes place by birth to death through out their rituals, fest and festivals. There is no more means of entertainment e.g. television, film hall, theater etc. So, people use drinking as entertainment in local festivals, a way of hospitality to the guests for harmonious social relationship as well as interpersonal openness. Economically, the productivity of the mountainous land feature is very poor comparing with any other geographical regions of Nepal. Breeding CHYAN and making local alcohol (GHAR PALA RAKSI) are very common in mountainous belt. They sell the alcoholic products to earn money for clothing and fooding. People's misconception about alcohol is a way of treatment or medicine in minor illness.

In the upper hills of Nepal, in terms of drinking alcohol, people can be classified into two groups. Socio-culturally allowed (MATAWALI) and culturally unallowed (BAHUN, KSHETRI). Culturally allowed ethnic groups are Gurung, Newar, Tamang, Rai, Limbu, Magar, Damai, Kami, Dura, Sarki, Gaine, etc. Those ethnic people had been using alcohol traditionally and have cultural freedom in alcohol consumption. Brahmin and Chetri are culturally prohibited groups for alcohol drinking traditionally; it used to carry a great stigma to drink alcohol among them but a great dilemma in recent days indicates those people are more problematic than any other ethnic groups. Upper hilly region and mountainous belts are very popular for natural (uncultivated) marijuana products. The local inhabitants do not use cannabis products though they manufacture Ganja and Chares. The purpose of production is to sell to the local blackmailers (traffickers) and earn for clothing. Hilly region is the most risky zone for alcoholism where major cities of Nepal viz: Pokhara, Kathmandu and Dharan are situated. Besides those major cities, district headquarters and any other semi-urban areas are being victim of drugs. In comparative figure; Kaski is the most vulnerable district in hilly region and Kathmandu is the most suffering city. Sunsari (especially Dharan), Lalitpur and Bhaktapur also are counted in high risk of drug abusing districts in hilly belts.

The Terai region is the most densely-populated belt of Nepal. Here major cities are situated with good transportation facilities and plain land feature. Damak, Birtamod, Biratnagar, Birgunj, Lahan, Bharatpur, Butwal, Nepalgunj, Dhangadi and Mahedranagar are the Major cities located nearby open Indian border. The major ethnic groups of the Terai are Dhimal, Satar, Tharu, Rajbanshi, etc but migrant people from hilly region have been accumulating

due to plain fertile land and seeking the ways of easy survival with different professional opportunities. So, those major cities have mixed cultural population in diverse structure. Ethnic people are traditionally Matawali, in which alcohol is socio-culturally allowed. In the context of any other population, they are diminishing the cultural binding due to mixed cultural setting.

I conducted a comparative survey study in 2003-2005 about alcohol/drug abuse situation in Nepal. The comparative figure of alcohol consumption is given below :

Table - 1

Comparative figure of Alcohol consumption in the Terai:

S.N	Name of the districts	Number of surveyed house holds		Number of alcohol user	Percent of drinker	Average Use of alcohol per day per person/ml
			Number of family members			
1	Jhapa	50	319	123	38.55 %	384 ml
2	Sunsari	50	370	97	26.21 %	312 ml
3	Siraha	50	396	73	18.43 %	237 ml
4	Dhanusa	50	401	42	10.47 %	168 ml
5	Chitwan	50	296	117	39.52 %	417 ml
6	Banke	50	319	86	26.95 %	370 ml
7	Bardiya	50	312	89	28.52 %	386 ml
8	Kailali	50	337	76	22.55 %	329 ml
Total	Terai region's 8 districts	400	2750	703	25.56%	366 ml

Table - 2

A comparative figure of alcohol consumption in the Hills:

S.N	Name of the districts	Number of survey households	Number of family members	Number of alcohol drinker	Percentage of alcohol drinker	Average Use of alcohol per day per person/ml
1	Ilam	50	336	137	40.77	325 ml
2	Bhojpur	50	397	196	49.37	402 ml
3	Kabhre	50	319	154	48.27	337 ml
4	Kathmandu	50	256	193	75.39	470 ml
5	Gorkha	50	372	166	44.62	419 ml
6	Kaski	50	312	187	59.93	496 ml
7	Plapa	50	320	104	32.5	317 ml
8	Rukum	50	387	110	28.42	309 ml
	Total	400	2698	1247	46.21	384 ml

Table - 3

A comparative figure of alcohol consumption in Mountainous belt:

S.N	Name of the districts	Number of surveyed households	Number of family members	Number of drinkers	Percentage of drinkers	Average Use of alcohol per day per person/ml
1	Taplejung	50	451	362	80.2%	647 ml
2	Solukhumbu	50	487	376	77.20 %	635 ml
3	Gorkha(North)	50	472	327	69.27 %	560 ml
4	Manang	50	373	273	73.19 %	493 ml
5	Dolpa	50	493	395	80.12 %	598 ml
6	Jumla	50	484	368	76.03 %	830 ml
7	Humla	50	439	320	72.89 %	635 ml
8	Doti	50	446	343	76.90 %	586 ml
	Total	400	3645	2764	75.29 %	623 ml

The Tables indicated that mountainous region was the most riskful in alcohol drinking. More than 90% of alcohol consumption is produced in their own home and remaining 10% percent is produced by distilleries of Nepal and imported from China. Approximately more than 60% of home made alcohol is consumed by the drinkers and remaining 40% from distillery in hilly region. In Terai approximately 25% home made, 60% of alcohol consumption from Nepalese distillery products and 15% imported from India. Mid-western region was the most affected and far western region was the least affected in alcohol drinking whereas central development region was in second position; systematically eastern development region was in the third rank and western in the fourth rank. The consumption of alcohol and female drinker was found equally in risk in mountainous belt where pregnant woman and even their small children also drink alcohol products without hesitation.

This survey study indicated that 25.56 percent of the people use to drink in Terai, 46.2 percent of hilly people and 75.29 percent of the populations drink alcohol in mountain. In average 49.02% of Nepalese people drink alcohol in Nepal. The quantity of alcohol consumption alcohol in high hill and mountain was found 623 ml per day per person, in Terai 366 ml and in lower hill and valley per day per person 384 ml in average. The average alcohol drinking potency of Nepalese people was 457.6 ml (one quarter) per day per individual.

Major drugs and availability in Nepal

A survey was conducted in 2003 throughout the drug rehabilitation centers of Nepal. Samples (N= 400) who were living under treatment. The gathered responses of poly drug user's were as follows:

Table - 4
Major choices of chemicals of Nepalese drug dependents;

S.N	Name of the drugs	Number of responses	Percent
1	Marijuana	329	82.25
2	Hasis	265	66.25
3	Phensedyl	268	67
4	Heroin	155	38.75
5	Brown Sugar/Smack	397	99.25
6	Opium	12	3
7	Cocaine	30	7.5
8	Diazepam	216	54
9	Nitrosone / T.D.	318	79.5
10	Lorazepal	26	6.5
11	Morphine	170	42.5
12	Alprazolam	18	4.5
13	Bupronorphine/Proxivan	261	62.25
14	ICE	6	1.5

The multi responses of poly drug users were found that brown sugar was the most prioritized choice of chemical of Nepalese drug users. Marijuana products were the gateway of using any other drugs and Nitrosone/Tedijesic were the most lethal drugs abused by the drug dependents. In any other drugs phensedyl, opium, cocaine, diazepam, lorazepam, morphine, alprazolam, proxivan, bupronorphine and ice were found using by Nepalese drug dependents.

Illicit drug trafficking in Nepal is not a new matter inspite of open border to India. Traffickers export the marijuana products into India and import any other illegal drugs through India. The major borders for illicit drugs trafficking are Panityanki-Jhapa, Jogabani-Biratnagar, Rakswaul-Birgunj, Rupaidiha-Nepalgunj, Nautuna-

Bhirawa, Trinagar-Kailai, Jainagar-Madar, and Banbasa-Kanchanpur. Major air root countries are India (Delhi, Calcutta) China (Hongkong), Thailand (Bangkok) and Bangladesh. It was found that Nepal the most suitable golden triangle for illicit drug trafficking.

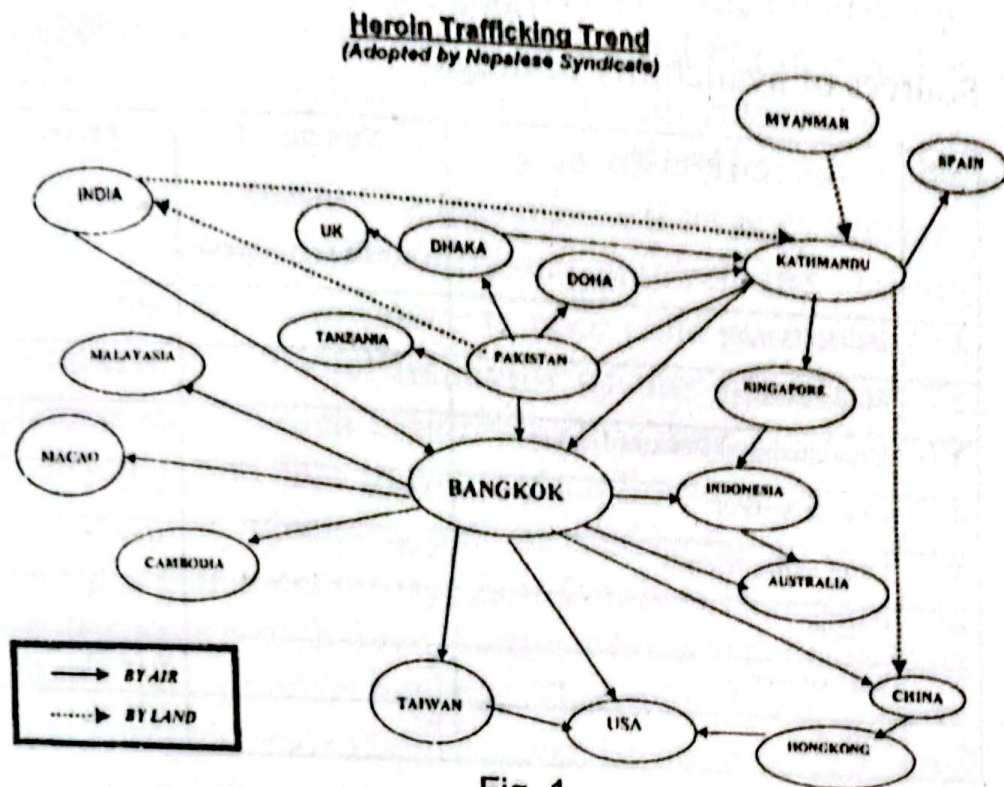


Fig. 1

HASHISH TRAFFICKING ROUTE

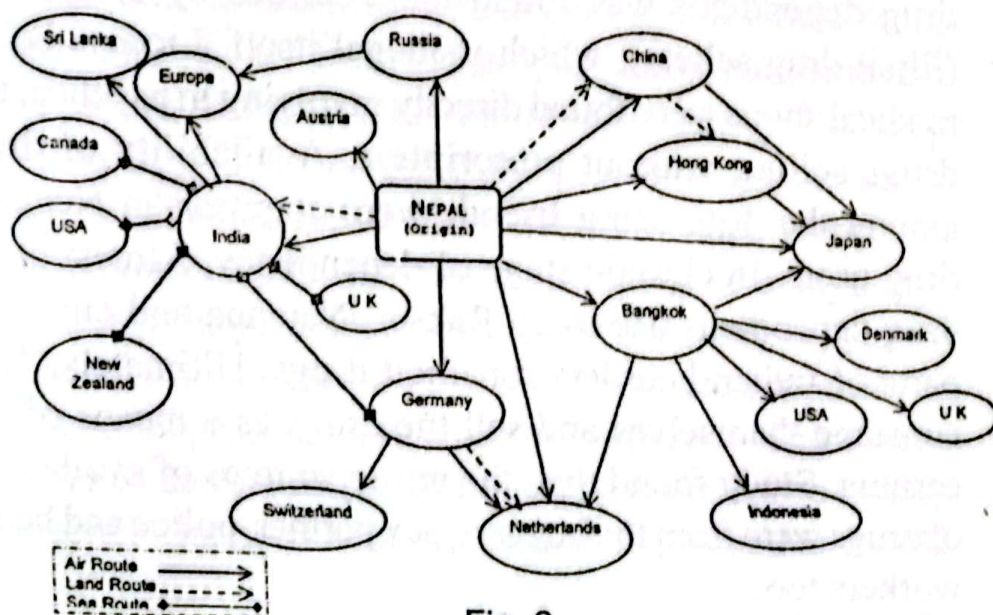


Fig. 2

(Adopted from Asara Darpan)

The sources of availability of drugs in Nepal are different in multi prospective. Illicit drug distribution and trafficking is becoming a great problem in Nepal. According to 400 drug dependents the sources of availability of drugs were as follows.

Table - 5
Sources of availability of drugs:

S.N	Source	Number of Responses (multi responses)	Percent
1	Indian Border	176	44 %
2	Medical shop	225	56.25 %
3	Unacquainted Person(dealer)	385	88.30 %
4	Health worker	33	8.25 %
5	Drug using friends	187	46.75 %
6	Beggar	3	0.75 %
7	Sex partner	3	0.75 %
8	Police	9	2.25 %

The major sources of drug availability of Nepalese drug dependents was found most serious by drug dealer (illicit drug sellers); which is illegal itself. License holder medical shops were found directly involving in psychoactive drugs selling without prescription. Availability of drugs among the drug using friends were common in Nepalese drug users. In chronic stage of dependency; Almost of the drug dependents use to go Raksol, Nautana and any other parts of Indian borders for illicit drugs. Ultimately, They consume themselves and sell the drugs as a means of self earning. Study found that, the minor sources of availability of drugs were from the beggars, sex partner, police and health workers too.

The special victims of drug dependency in Nepal are young people. It has been found that the children of Indian and British armies, and parents working abroad were seriously affected by drug dependency. The root cause of these facts are handling of high amount of pocket money. Their parental earning is in dollar which has high purchasing value than Nepalese Rupees; they compare the expenditure of pocket money in the context of abroad but in Nepal it becomes more enough to finish that amount; that's why children use to pay their money in entertainment, more fashions and fantasy. Finally, they misuse the money in drugs. Nepalese army and police officer's children and abusing tendency was found high due to poor child guidance. The rude and strict official behavior of the officers try to implement toward their children so that they could behave as their order and live in more discipline way. Momently the children feel rejected and dominated by father. Children try to isolate or escape from their family. Ultimately, they make friendship with such person who could listen their problems and provide healing. The quick healing agent becomes druggist and indulge forever. Business professionals and their children have equal aspect of problem that is directly associated with time factor. This study, explored that there is no time for businessmen to deal with their children. It means children are far from proper family guidance and parents desire to fulfill their desire with money. So, they could live happy life; but the children misuse the money in drugs. In another hand businessmen were observed overambitious about their children, 'money is everything' when I pay a large amount of money I can afford quality education for my children. They must be doctor, engineer or so on but it inappropriated in children's interest. Where there is no interest there is no performance, no labor and no quality of learning. Finally the interest factor of parent's and child

becomes dubious whether the child becomes lethargic self and irritated with parents. Family in cooperation, misunderstanding and personal emptiness of the child lead to indulge in drug addiction.

Drug dependency and its relation with economic status can be viewed in multi prospectives. Even though drug dependency is a problem of youth but it makes the population socially, economically, emotionally, physically and spiritually bankrupted. The cause of drug abusing tendencies are little bit different in each economic classes. The people from high economic status think themselves respected in their society. They like to say themselves VVIP (GHARANA), even though they don't have any contribution in their society as well as nation. Their main motto is to show up the living status in grandiose structure. Intentionally they don't involve in welfare but desire to achieve the power by making links with the authorized persons who are living in powerful posts. Such people are very luxurious, manipulative and suffering from strong ego. To show up their status among the society; they use expensive ornaments, expensive vehicles, expensive fashions and use the goods which are more fantastic and luxurious. The desire of pleasure and show up so called self status differs than other people which knowingly or unknowingly leads into drug culture.

People from the medium economic status are really busy classes in their professions. Those people can't afford the service and goods only by their ancestor's earning and profit from the investments. They have to involve in their profession throughout the day. So, they can't manage time for their children's guidance. They keep the children in hostel or otherwise live in own house carelessly. They personally

feel that parental duty is to provide money or things which are desired by their children. Ultimately, the children start to carry high amount of pocket money and influence in drug suffering friends. The comparative figure of hostel living children were found indulging in drugs; that might the causes of peer pressure or drug suffering friendship influences. In another hand the children who were living under school hostel, they were beyond the parental affiliation. They thought that 'I have no love, care and concern' by my family, which created certain sort of loneliness without family attachment. This study found that having medium economic status people were the most riskful people in drug dependency. People from low economic status were found dependency of cannabis products and alcohol. It was explored that higher economic group of the drug dependents were indulged in brown sugar, cocaine, nitrosone, and tedigesics but rarely the lower economic people made such chemicals as choices of chemical. People from lower economic status feel respected to make relation (attachment) with the higher economic groups. Personally, they feel means of social security and availability of a way of help in necessity condition by the higher economic status. Even though, they don't pay money for drugs initially, the compulsion of payment occurs along with the intensity of drug dependency. Ultimately, financial crisis come along with their duration of dependency as well as the potency of drugs. Whenever they fell down in drug dependency neither they can quit drugs nor manage daily life properly. The ultimate consequences of such people is death on the street and jail in any conviction because they don't have money for treatment.

Illicit drug trafficking in Nepal is mainly by the drug dependents for personal consumption as well as dealing drugs. They purchase drugs by Indian smugglers and supply

thorough the border into major urban areas of Nepal. Those types of drug dependents use to sell drugs hand to hand to the drug dependents; they are called dealers. The second one is trafficking agents (are smugglers). They have a strong invisible hand in the authority and appointed agents to supply drugs in huge amounts. Here the question; why doesn't the government arrest such people? Is this fact unknown? Knowingly the government officials can't arrest such people due to fear of underworld; If problem is serious or clearly opened by public; they arrest a new agent of smuggling to subside the public criticism. In another hand, people's voice is that 'the authentic persons for illicit drug controlling and trafficking are also indulging in smuggling invisibly and taking economic advantage (bribe/commission) by the smugglers'. Recently, I don't have any proof for this fact. Now a days the number of female drug traffickers are increasing despite the easy supply of drugs without checking. A shameful reality is that Nepalese government is not capable to control illicit drug which proves by the number of increasing drug abusers and availability of drugs everywhere selling as noodles and biscuits. I like to recommend these way to reduce the drug abusing problems in Nepal.

a. Increase the public awareness:

Aware the people about the bad consequences of drugs via school, community, clubs, NGO, CBO, and government sector. Integrated concept of anti-drug village should be launched in society without any objection is essential, otherwise time will be delayed to protect the youth by drug abuse epidemic.

b. Youth mobilization creative program should be launched:-

Nepalese youth don't have any creative programs, e.g. Sports, music, art, dance, scientific experiment halls,

library, entertainment parks, cultural development programs, research, social welfare and any other creative activities. So that they can involve in constructive works to develop their personality as well as contribute to develop the nation.

c. Strict law should be provided:

Available laws should be implemented strictly and any laws which are essential should be made by the government. Checking system in the Indian borders must be made strict, which could discourage illicit drug trafficking.

d. Treatment and Rehabilitation:

Drug dependency related treatments are provided in Nepal are espically by NGOs. Drug treatment centers are available in the major towns of Nepal. The major problems of drug dependency treatment are lack of effective treatment and no one of the centers are capable to rehabilitate the clients properly. Even though, number of recovering drug dependents are increasing or the succession rate is increasing; professional (vocational) rehabilitation is not available to the drug recovering clients. They are depending economically and roaming worthlessly without any employment. In the case of HIV infected drug dependents, their care and support system is going to be satisfactory in recent years. Drug dependency related problems are really a psychological problem. A drug dependent should be recovered in holistic approach of his integrated personality prospective as his own desire. Basically a chemical dependent's problem seems his/her chemical abuse but internally (psychologically) he/she bears a lot of illness e.g. emotionally, socially, legally, financially, physically and spiritually. A concept of holistic approach being necessary in Nepalese drug dependency treatment programs, certain professional must be involved in the programs e.g.,

psychiatrist for detoxification, psychologist-psychotherapy or counseling, recovering role model AA/NA meeting conducting, sociologist- healthy family/social adjustment, technologist-vocational training. Those certain professionals must be managed by each drug treatment and rehabilitation centers; otherwise money of the parents and time of the dependents will be lost worthlessly, and the problems of relapse remains as a matter of stigma. Government should be alert for proper treatment of drug dependents and immediately make a rule (act) in integrated (holistic) approach of treatment.

CHAPTER 2

DRUG DEPENDENCY

Any natural or chemical substances which can alter the mind and internal chemical structure of the body are called drugs. In other term a set of chemical substances which have physical as well as psychological effect in the body are drugs. The person who can't stop taking drugs he/she is a drug dependent. The definition of 'drug' is different regarding professional prospectives. Medical professionals accept 'drug' as healing agents but general people think 'drug' as a epidemic of addiction or a social problem. Psychologists believe that the use of substances without prescription of physicians which has physical or psychological effects that are drugs. Police and lawyer think 'drug' as illegal chemical properties against the law.

Herbal and pharmaceutical products used by individual continuously, may effect on his/her bio-chemical functioning and mental status. The effects of the chemical in human body may differ according to the types of the used chemical agent. Beside the Bio-Psychological effects of the drugs, psycho-social dysfunction is the major problem of drug dependents. Biological fundamental doses of chemical changes the bio-chemical normal functioning and alter the real physiological state. So, drug dependency is a process of its progressive nature and the need for normal functioning in bio-psycho social status. Dependents try to gratify the euphoria using their choices of chemicals where they feel horrible continously to reduce physical and psychological symptoms but can't quit due to such addictive need.

There is difference between drug users and drug dependents. Drug dependents can't stop taking drugs by oneself in spite of their physiological withdrawal symptoms and craving psychologically but a user can stop drugs easily. In other hand 'drug abuse' and drug dependent both are different terms. A drug abuser may not be a drug dependent in simple sense; abuse is misuse or illegal use of drugs as a risky manner. Drug dependency is a self uncontrolled state of life when a person can't stop taking drugs knowingly its bad consequences; the doses of drugs and the duration (interval) of taking drugs increase along with the suffering period. Diagnostic and Statistical manual of Mental Disorder (DSM IV: P; 106) Criteria for substance abuse and substance dependency are as follows:

DSM –IV Criteria for Substance Abuse

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one(or more) of the following, occurring within a twelve-month period :

1. recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home (e.g. repeated absences or poor work performance related to substance use; substance related absences, suspensions, or expulsions from school; neglect of children or household);
2. recurrent substance use in situations where it is physically hazardous (e.g. driving an automobile or operating a machine when impaired by substance use);
3. recurrent substance-related legal problems (e.g. arrests for substance-related disorderly conduct);
4. continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, physical fights).

DSM-IV Criteria for substance dependence

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same twelve-month period :

1. Tolerance, as defined by either of the following: (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect; (b) markedly diminished effect with continued use of the same amount of the substance.
2. Withdrawal, as manifested by either of the following:
 - a. The characteristics withdrawal syndrome for the substance (varies from substance to substance);
 - b. the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.
3. The substance is often taken in larger amounts and over a longer period than was intended.
4. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
5. A great deal of time is spent in activities necessary to obtain the substance (e.g. visiting multiple doctors or driving long distances), to use the substance (e.g. chain-smoking), or recover from its effects.
6. Important social, occupational, or recreational activities are given up or reduced because of substance use.
7. The substance use is continued despite knowledge of having a persistent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g. current cocaine use despite recognition of cocaine-induced depression or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

Specify if :

✓ with physiological dependence : evidence of tolerance or withdrawal
(i.e. either item 1 or 2 is present);

✓ with psychological dependence: no evidence of tolerance or withdrawal
(i.e. neither item 1 or 2 is present);

The use of prescribed psychoactive drug or illicit drugs which have abusers physical, mental, emotional, and social problems regarding the use of drug is drug abuse. Dependence is always compulsive in nature. Thousands of Nepalese youth are addicted to prescribed drugs from hospitals and nursing homes. It had been seen that the users use to buy the same category of drugs from different drug stores by making different fake complications and making self prescription too.

2.a. Effects of Drugs

Drug dependency is not only a problem of chemical but also a psychological problem. Mainly the addictive behavior due to emotional immaturity and negative attitude patterns. Psychological dependency is the dangerous aspect of addiction, which associates with the drug using people, places and things. The local phenomenon of using drugs are the ways (method) of use in which user's body desires the chemical or the attachment of related thing. e.g. inhaling, eating, chewing, fixing, sniffing and smoking. *Compulsively*. Body desires the same technique or the fastest way locally which clearly associates with thinning. Emotional instability e.g. anger, fear, self-pity, hopelessness, disappointment, excessive feeling of guilt, self inadequacy, frustration and depression are the major psychological problems of drug dependents. Isolation is the vast problem of drug dependents due to self worthlessness, and drug management crisis eg. threatening, looting and smuggling in society. They carry the fear of legal authorities and in support from their own

society. Ultimately, they are powerless over their drug taking patterns and maladjusted in their own society. In another hand, number of the people having HIV positive are increasing day by day due to IDU by sharing of single syringe. The survival potentialities of HIV positive drug dependents are more weaker than only other drug dependents. So, drug dependents are the hunger of love, care and concern but not the victim of sympathy; really drug dependents are facing life existential stress due to their low coping abilities.

The effects of drugs can be classified into five stages.

- a. Pre-intoxication stage
- b. Intoxication stage
- c. Post-intoxication recovery stage
- d. Stage of residual effects
- e. Permanent effects

Pre-intoxication stage is the initial stage of drug abuse. The person never feels his problem regarding the use of chemicals but slightly effects on his perceptual patterns, thinking techniques and unstable (swing) mood. The person may feel more relaxed by taking substitutes; which motivate to continuing more doses and time unknowingly. In the intoxication stage of drug abuse; individual makes concentration for drugs and hunger for quick mood alteration. It directly impacts on brain functioning and behavioral deviation and elicit loss of control over chemical substances. Momentarily changing mood compels the individual to use more doses of chemicals. Peculiar thinking of past orientation of the drug dependent leads into disappointment or neurotic traits. The individual starts to perform violent nature or self hurt (sad). Many people might feel those effects are psychiatric illness but really those problems are due to

intoxication. It seems as the symptoms of psychotic symptoms during this period. But be aware, those episodes of intoxication can be cured by general de-addiction counseling after quitting drugs. The major effects will be described in unmanageability.

Post-intoxication is 'withdrawal' in simple terms. In the initial stage of post intoxication, individual may feel irritation, more sensitive, digestive problems, thirsty, insomnia, pain in joints, muscles and throat, feeling of depression and completely tired without energy. In chronic alcohol cases, vibration of limbs and rum fits may occurs.

Residual effects of drugs are more psychological in nature than physical and socio-cultural problems. The major effects are depression, paranoid thoughts, negative or confusion thinking, hallucination, temptation (erratic), anxiety, frustration, and suicidal impulses too.

The permanent effects of drugs are related to organic danger or damage in brain dysfunction; e.g. heart, brain, liver, kidneys, pancreas, blood vessels, skins etc. The complete effects are given below.

Table 6
Effects of Drugs:

Substance	Form	Possible Dangers
Alcohol	Liquid	Liver disease, respiratory failure, depression, anxiety, coma, psychological/physical dependence.
Amphetamines	Capsules or tablets	High blood pressure, loss of appetite, stroke, fever, heart failure, psychoses
Barbiturates	Capsules or tablets	Respiratory failure, depression, anxiety, convulsion, insomnia, coma, psychoses, psychological/physical dependence, death
Benzodiazepines (tranquilizers)	Capsules or tablets	Respiratory failure, depression, anxiety, convulsion, insomnia, coma, psychological/physical dependence, death
Cannabinoids (marijuana and hashish)	Dried herbs with seeds and stems	Damage to short-term memory and lungs, psychoses, psychological dependence, birth defects
Cocaine (coke and crack)	Liquid or powder	Damage to nasal passages, weight loss, high blood pressure, heart attacks, convulsions, strokes, psychological/physical dependence, loss of appetite, death
Lysergic Acid Diethylamide (LSD)	Capsules, gelatin, liquid, or tablets	High blood pressure, loss of appetite, sleeplessness, tremors, anxiety, flashbacks, psychological disorders
Opiates (heroin and morphine)	Crystals, liquid, powder, or tablets	Nausea, Vomiting, loss of appetite, respiratory failure, convulsion, coma, psychological/physical addiction, death
Phencyclidine (PCP)	Crystals, liquid, powder or tablets	Dulled coordination and senses, depression, anxiety, memory dysfunction, violent behavior, convulsions, high blood pressure, heart failure, stroke, coma, death
Synthetic Narcotics (China White and Fentanyl)	Crystals, liquid, or powder	Nausea, vomiting, respiratory failure, convulsions, coma, infections from needles, psychological/physical dependence, death

Source: www.abbottdiagnostics/medicalconditions/dabuse

2.b. Causes of Drug Dependency

The initial phase of drug taking is due to curiosity of mood alteration and Curiosity of new feeling of expected enjoyment. We have certain evident to prove the fact; first use of drugs may have painful effects e.g. vomiting, unpleasant feelings, loss of memory and motor incoordination too. Even though, the user tries to attempt any more due to his expected feeling of enjoyment. The first use may be influenced with his personal or causes of peer pressure no matter but the important fact is essence of unconscious expectation of euphoria, that is, drug starting craving. The salience feature of dependent is in his/her thinking, feeling as well as perceptual process for the arousal of excitement. Terms and conditions of drug using may differ eg. for toleration, conflict, relapse, for sexual satisfaction and to gain more confidence conduct with new situation. The causes of relapse in drug dependency is the expectation of drug euphoria, but no more social or peer pressure. Changes in choice of chemicals are initial craving of expected mood alteration (pleasure) or unavailability of own choice of chemical. The psychological cause of dependency is associated with local principle. If the user is fixing the same amount of chemical for certain time (duration) his desire for pleasure from inhaling and swallowing may differ quantitatively. It means he desires to fix again but no inhaling. They are very conscious of dose (quantity of drugs), quality of drugs as well as way of using patterns too. The person, who is using depressant drugs prescribed by the psychiatrist, if a pharmacist will give him drugs made by different company and different trade name, completely denies to take medicine; even though the chemical properties are same. It means dependents are very sensitive to their using chemical properties. On the other hand, chemical dependents change

their choice of chemical only in two conditions, unavailability of drugs and unaffordable conditions but changing patterns of chemical (depressant to stimulant or stimulant to depressant or hallucinogenic to stimulant with depressant) are only in chronic phase of the addiction. A drug dependent uses drugs to be normal and to kill the sickness of strong craving of addiction. Discontinue of drugs in chronic phase is very painful and the craving of the choice of chemical is significantly higher than the social/ethical value system. So, drug dependents try to gratify the chemical at any terms and conditions. S/he thinks nothing beside the drugs and completely empty thinking process without drugs. *For example a 22 years drug dependent from Brahmin by caste said that his mother was in the hospital bed, she was so serious that she was unconscious. At the same time he was in hospital to look after his mother, the craving of drugs was so painful for himself, he grab his mother's chain from her neck; took it and went to hunting drugs. When he returned after using drugs, he found his mother dead.* Uniqueness (Heroism) is the next cause of drug using and addiction. Persons who are teenagers (early adulthood) think to be different or unique than any other people. So, they try to imitate the unique songs of cinema or unique role as the role of films. They try to imitate dialogue as well as behavior patterns of the brave role of the films; sports, biking and so on. The person who has involved in gangs as well as robbery, gambling and any other compulsive behavior patterns has more chances to be a member of drug culture (addicted).

There is little agreement on the underlying cause of substance abuse, but experts are more likely to regard it as a disease than a lack of will power. Chronic alcohol and drug abusers may have a generic predisposition to addiction but environmental and social factors such as poverty, family

dysfunction and peer pressure are also significant. Certainly the social context may be crucial. One cannot become addicted to drugs without starting to use them in the first place. Many people consider that drug dependence comes from a natural desire to alter a person's consciousness or an effort to achieve wholeness. Addictive drugs are very dangerous but most people believe that they have immune power to addiction. Once drug dependence is established, the patterns are hard to break - whether or not the abuser is aware of the problem. Besides the curiosity, peer pressure or peer approval is the most serious cause of drug abuse. In Nepalese context the drug starting stage is teenage (13-19 yrs). This age is also called the age of 'storm and stress'. Moreover, this is the age of bridge. It means children to the adults, belongingness and group acceptance are the most essential factors for existence of adolescents. The major causes of drug use are as follows:-

a. Peer Pressure : Use of drugs as a symbol of unity and prove their friendship and to share the experiences of happiness along the group acceptance.

b. Pleasure : Users try to escape from the real internal environment e.g. frustration, anxiety, conflict, the feeling of guilt and wrong doing. So, the drug users desire euphoria for a certain moment. They used to say 'I have tension, so I am using'. It means the way of coping and achieve relaxation. In certain cases the people who are suffering by chronic pain may use drugs for relief.

c. Drug Subculture : The people who are living with drug/ alcohol using family or keep in touch with drug using friends or easily drug available places (high risk zone) have high chances of using drugs. In Nepalese society, the people who belong to Mangol and Matawalies according Hindu cast

division, their chances to use alcohol is high because alcohol is common in each and every occasion or cultural celebrations. In the same sense in social interaction, celebration of cultural rituals or festivals, hospitality, get together, dancing, taking part in party (BHOJ and BHATER) alcohol is socially and culturally allowed.

d. To increase the self confidence and physical performance: In particular conditions, people who have low self esteem, self humiliation and feeling of inferiority they can not face the core reality of the life and they use drugs for confidence or to reduce inner fear. Sports men, drivers, and other physically active people who are involved in their regular job may use drugs to increase the performance. In the urban areas of Nepal the youngsters who used to visit discos frequently, almost all of them use drugs/alcohol to increase dancing performance. The people who are living in mountainous region of the country use alcohol to reduce fatigue as well as to increase physical performance. Moreover, who are suffering from sexual problems and inferior problems in communication they may use drugs for the good conversation and sexual satisfaction.

e. Prior addiction: The individual who has been falling in addiction and can't discontinue drugs due to physiological or psychological desire (lack of control). He/she again takes drugs without hesitation. He feels that I am taking drugs to be a normal person and its a way of my life. Even though, he knows the bad consequences of drugs knowingly attempts slow suicide. He can't stop it without treatment and continue it up to the death.

2. C. Types of Drugs

Drugs can be classified into five categories.

They are as follows :

1. Depressants:

Alcohol, Sedatives,
Barbiturates, tranquilizers,
solvents

2. Stimulants :

Caffeine, nicotine,
Amphetamines, Cocaine

3. Opiates :

Morphine, Heroin, Codeine,
Methadone

4. Hallucinogens :

Lysergic
Psilocybin, mescaline,
phencyclidine(PCP)

5. Cannabis

Cannabis sativa, cannabis
herbal, cannabis resin and
cannabis oil.

1. Depressants:

Alcohol :

The first winemaking formula was developed by Marcus Cato in Italy in one and half century B.C. then the distillation process was developed in Arabia. Now a days, production and distribution of alcohol is all over the world and the easily available drugs. Alcohol is a depressant drug though it is called a 'moral panic'. Almost of the illegal activities, vehicle accidents, violence, home disruption, injuries, coronary heart disease are responsible for alcohol abuse. U.S. Department of Health., Education and Welfare stated that "the life span of alcoholic is about 12 years shorter than that of the average non-alcoholic". In Nepalese context, almost all of the people in the Himalayan region drink alcohol or local beer (CHHYANG). Their life expectancy is comparatively lower than other people. It may be one of the cause and the effect of alcohol of their average age and health problems too. The effect of the alcohol in central nervous system causes impaired judgment and loss of self control, primitive emotional responses, motor and muscular

incoordination, sense of discrimination, unpleasant feeling with relatives, low self esteem and unethical worries in drinkers.

Colemann (1969) stated that "when the alcohol content reaches 0.1 percent the individual is considered to be intoxicated. Muscular coordination, speech and vision are impaired and thought process are confused. When the blood alcohol reaches approximately 0.5 percent, the entire neural balance is upset and the individual "passes out". Here unconsciousness apparently acts as a safety device, since concentration above 0.55 Percent are usually lethal". The effect of alcohol in the individual determines on the amount of body fluids, physical condition, amount of the food and beverage on his stomach, duration of drinking, mood of the drinker, attitude and personality of the drinker. Socio-cultural patterns and alcoholic behavior responses differ significantly even the dose, potency, age and physical condition of the drinker's are same. The deteriorating feature of personality and social relation are very vague.

Initially, the drinker use alcohol to reduce fatigue, feeling of inadequacy or boredom but alternately it creates the impaired judgment, inappropriate reasoning, loses of responsibility, blame his family and neglects family as well as society. The irritative nature of the drinker can't imagine happiness and becomes bored within a single moment and momentarily feels worthlessness. This feeling may lead the drinker towards care and suspicious. He becomes slave of his drinks and finds him unmanaged in profession, social relation and thinks his wrong doing as a guilty manner.

Grandiosity behavior and intolerance nature of the drinker creates family quarreling, fighting, unnecessary

gossiping, false matter or wrong message. Due to those nature drunker initially starts to borrow the money from friends and family then starts to steal from the home as well as credit in restaurant/hotel. Finally, selling own wrist watch, golden chain, ornament, then stealing from the home, pick pocketing in home. The quality of drinks decreases along with the duration (period) of suffering and availability of money. So, there is no difference among the economic status of the drunker and changing feature of the qualities of alcohol. The nature of the alcoholic is very cheating (manupulating) in any events, they may add any fake events in any conditions and try to be normal or superior than any other people.

Denial is the most dangerous problem of any alcoholic. They never realize their mistake, seems dishonest within suffering period. Though, they can say 'I realize my mistake' but they knowingly repeat the same act and misdeeds again and again. Moreover, they compare with any other drunker and used to say 'I am not like lower class drunker or I am managing myself.' Family disruption, fights in home with family members, aggressive, threatening with loud noise, use of vulgar words are common emotional behavioral patterns of alcoholics. So, family members of a drunker suffer from chronic hurts and feel themselves stigma of the society.

Signs of alcoholism :

The pre-alcoholic signs of an individual depends on the genetical effect as well as socio-cultural patterns. Individual desires a way of relaxation using alcohol, that puses him/her into alcoholism. The most prominent feature of alcoholic is increasing frequent desire of alcohol. When an individual tastes alcohol and feels the alternation of mood,

he/she always alerts into the same feeling again. The frequent desire of using alcohol and seeking patterns of pleasure leads toward the alcoholism.

The doses of the alcohol increases itself along with the frequency of drinking habit. It means the consumption of alcohol and duration of abstinence increase along with the frequent desire of alcohol. For example, firstly a drunker fixes the date of drinking e.g. holidays, good friday, birthdays and any issues of happiness or sad moments. When he starts drinking then starts to drink daily, then drinking from early morning to reduce the hang over of last days drinking and finally starts to drink from morning to evening. He/she may not drink for one or couple of days but again he/she starts drinking early in the morning.

The individual seems him/her self stagnation in each mode of the life and find a difficult question how to escape ? If any individual searches for a way to escape and possible solutions to get rid of alcohol use, ultimately he finds his healing agent alcohol again to face with the real world. The chronic phase of alcoholism leads the dependence into unacceptable social behavior. E.g. sleeping on the pile of garbage, drainage and on footpath. He/she starts unnecessary arguments in family, concernless about his job, fooding, blackout behavior etc. In this condition the alcoholic cannot stop alcohol him/herself. Life is impossible without treatment in this condition.

Stages of alcohol dependency

One drinker couldn't be a dependent with in single night. He has to cross many stages and pass many episodes of drinks. Why does a person use alcohol ? I have two answers.

a. The person who has fatigue, tension, anxiety and depression can use alcohol.

b. The socio-cultural patterns

Socio-cultural structure plays a vital role in alcohol consumption. Alcohol is considered as SAGUN in MATAWALI societies and is essential from birth to death. They use alcohol products as a member of the same society regarding their own cultural norms. I have seen a case in GURUNG community, alcohol was served to the child delivered woman to reduce her physical pain and in the same sense in TAMANG society alcohol is necessary in each festival, ceremony and rituals. Get together of people and sharing of alcohol is very common for socio-cultural pleasure of those ethnic groups. So, there is neither dependence nor any other psychological problem. The concept of freedom and modernization of 21st century have great challenge of survival in the integrated aspect of development. They like to have leisure and to be freed from their occupational stress and entertainment too. Get together and drinking with colleagues are common in DOHORI SANJH, discos and restaurants. In the same sense youths try to imitate the action of the adults and like to go to disco, restaurant, bar and hotel everyday and feel themselves modern or free life. I can't say alcohol is always hazardous and always makes dependent but almost of the alcoholics never think about its bad consequences that he/she is going to be a chronic alcoholic. Why do people can't stop taking alcohol ? The answer is very easy: they have weak control mechanism in alcohol use. Jellinek (1960) proposed that alcoholism is a biological illness with a highly characteristic and predictable courses and distinguished five species of alcoholics :

(a) Alpha : They drink to minimize the tension.

(b) Beta : They experience physical damage from drinking such as cirrhosis of the liver, but aren't alcohol dependent.

(c) Delta : They are unable to abstain.

(d) Epsilon : They lose control of their drinking and go on periodic benders.

(e) Gamma : They lose control of their drinking, experience withdrawal symptoms, and are physically dependent.

Peele (1989) had made six major assumptions in disease model of alcohol dependency.

- a. An alcoholic drinks to much, not because they intend to, but because they can't control their drinking.
- b. The alcoholic inherit their alcoholism, and so are born as alcoholics.
- c. Alcoholism is a disease can strike any individual from any socio-cultural background(it's an 'equal-opportunity destroyer)
- d. Alcoholism always gets worse without treatment; alcoholics can never cutback or quit on their own.
- e. Treatment based on the AA principles is the only effective treatment.
- f. Those who reject the AA principles, or observers who reject any of the above, are in denial.

Although, Peele (1989) made six assumptions about alcoholic, there is no scientific prove and his optimism 'only effective treatment is AA principles' may be his own denial. Alcoholism is really a problem of psychological complexities which creates behavioral deviation and the problems of negative attitude. Human behavior scientist or professional counselor is the only one specialist to deal with this type of problems. They need drug addiction counseling and different psychotherapies. I can not reject the AA principles because it is very fruitful to obtain immediate support of functioning to deal with day to day problems by self help group. Sympathy through the sharing of some problematic person, for hope and courage among them. The egocentric

assumptions of Peele cannot go to exist without dealing the individual problems. Physiological process, learning and conditioning, the process of motivation, self expectation, goal identification, attitude, self perception, socio-cultural recognition and unique mechanism of desire or control behavior patterns under the value system of human society. Behavior modification and shaping are major tools dealing alcoholism and holistic approach is the best way.

Jellinek(1952-1971) studied about the alcoholics and found different stages of alcoholics. The development of alcohol dependency are as follows :

a. Pre-alcoholic stage :-

Individual starts to drink as a social drinker. e.g. ceremony, get together of friends and especial occasion like festivals or so on. He thinks the use of alcohol is a way of tolerance, means of handling the situation or events perfectly. This phase is the initial phase of habituation of alcohol. Gradually, an alcoholic makes his mind about alcohol that it is the way of reduction of anxiety, tension, fear, and stress. Upto this phase, he neither feels physiological dependency nor the problems in social setting but unconsciously intends to alcohol for his confidence.

b. Prodormal stage :

This stage is the initial stage of problematic situation and drinking crisis. The alcoholic starts to drink alone and gathering too. Sometimes he expresses to others 'I am afraid, I don't drink' or 'I have already controlled'. He says in the gathering 'this much' or 'peg is enough for me', but when he will be alone, he drinks too much until the blackouts. It means, externally his speaking is only for social attention or to declare prestigious as he was but internally he always hungers for the next peg/glass. In many cases, he may avoid

alcohol for some days due to the hangover or unconsciousness behavior of previous days but again he drinks more than that was. In spite of unlimited drinking pattern of an alcoholic; intoxication starts to spread throughout the bio-chemical function of his body. The lucky persons who realize the problems of drinks, he discontinues the drinking ratio and manages himself or drinks as a social occasional drinker. The person who can't control himself and misjudge himself having no problem; he steps forward into the third phase.

c. The crucial stage :

This stage starts with uncertainty and unmanageability of life. Even the drunker says 'I am ok, no problem' but his drinking pattern becomes physically intoxicated and socially unacceptable. He starts to rationalize his wrong doing along with the progressive doses of alcohol. Expenditure of alcohol rises up but an alcoholic shows the grandiosity about his purchasing power and consumption capacity. A concept of false pride guided by ego-defense mechanism bitterly effect in his thinking process. 'I am unique and brave person, all should live under me.' He starts to accuse others of his wrong doing. The person who can't stop drinking at any conditions creates family problems, economic problems and the problems in his job. He starts to store the drinks for next dose being afraid of unavailability of the alcohol for his next day or a dose for heavenly trip. He doesn't eat snacks or meat with alcohol but prefers to take knit because he carries a fear of unfulfilled trip. The physical dependency of an alcoholic always compel for next drinks. Physical condition becomes very poor, poor memory and judgmental process. An alcoholic partially loses his sexual capacity on his stage of alcoholism but blames his wife does not have sexual attraction. He makes the issues of

beauty and says he has love affair with someone beautiful lady but blames his wife an ugly woman and illegal sexual relationship with others. He starts to explain unnecessary events and unusual person meaninglessly. He exaggerates that he has relation with powerful persons e.g. ministers, police officers, army officers and intellectuals. He can't sleep without drinking and loses of appetite too.

(d) Chronic Stage :

A chronic alcoholic performs maladaptive behavior responses regarding with poor coping and higher expectation. Life situations of a chronic alcoholic deteriorates the personality traits being negative. Occurrence of obsessive compulsive behavior and impairment of long term memory are the symptoms of chronic alcoholic. Psycho-motor function of a drunker becomes very weak that he can't handle himself. If he stops drinking forcefully he becomes ill due to withdrawal symptoms. He can't think properly, he feels different types of hallucination and illusions too. e.g sees God, ghost and unethical objects in front of him. He can't rationalize the events and his manipulations cannot succeed.

A chronic alcoholic is a petrolless vehicle. In the same sense if he takes alcohol he quickly reaches in blackout if there is no alcohol no life. The irrational belief with full of resentments and disappointments toward self and others which makes an alcoholic as an insane people.

Sedatives (Barbiturates)

Sedative drugs slow down the central nervous system. So, the person feels relaxation, sleeps pleasantly and comfortably taking sedatives drugs. If the person stops taking these drugs feels irrational tendencies everywhere, completely irritability and feeling of anxiety. He suffers from stress or everything incomplete and disbalance.

Phenobarbital, secobarbital, barbital, and amobarbital are the major drugs which are prone to dependency. Colemann (1998) said 'excessive use of barbiturates leads to a variety of undesirable side effects, including sluggishness, slow speech, impaired comprehension and memory, liability of affect motor in-coordination and depression. Problem solving and decision making require great effort and the individual usually is aware if that his thinking in "fuzzy", prolonged excessive use of this class of drugs leads to brain damage and personality deterioration' The minor tranquilizer drugs are Librium, Miltown and Valium. The toxic effect of sedatives drugs are very dangerous. Day by day he/she starts to be angry with anybody or events, can't sleep properly, feel restlessness, his body becomes weaker than usual, sometimes vomiting appears, lose the weight of his body and face seems pale and bloodless.

Cocaine

Cocaine powder is the product of coca leafs. It is believed that initially coca products were used by the ancient Indian to decrease the fatigue and hunger. Cocaine may be injected by sniffing, swallowing or injecting. The user may feel peace but finally there occur headache, dizziness and restlessness. Chronic use of cocaine creates psychotic problems. "Acute toxic psychotic symptoms may occur which are similar to those in acute schizophrenia and encompass frightening, visual, auditory and tactual hallucination" (Coleman, etal : 448). Moreover, Coleman stated that 'cocaine cortical stimulant, inducing sleeplessness and excitement, as well as stimulating accentuation sexual process. Consequently, individual with deviant sexual patterns have been known to administer it as an impetus to seduction'.

3. Opiates

Heroin, codeine, morphine, methadone, opium and its derivatives are narcotic drugs. Except heroine all of those drugs are pain alleviating drugs. All of those drugs have physiological and psychological dependency. The immediate uses of drugs reduce tension, anxiety and frustration but the long term result of those drugs are more hazardous than any other drugs. Termination of the use of such drugs creates insomnia, depression, impaired memory, concentration and deterioration of personality traits. Loss of self respect in social setting, decrease of sexual excitement and excessive guilt feeling even in minor events. Diarrhea, nausea, vomiting, joints pain, convulsion, and minor fever with dry mouth are the major withdrawal symptoms of those drugs. The minor tranquilizers e.g. Librium, valium, miltin, and compoz are other substitutes of those drugs.

4. Psychedelic and Hallucinogens

The major chemicals of this group are cannabis, marijuana, hashish, mescaline, psilocybin and lysergic acid diethylamide (LSD). During the trip, a user may feel personally halo around him and dark edge or sometimes may feel as like rainbows color with different figures. Sometimes scorpions, spider, cobra, devil and dangerous tiger appears due to the bad trip of these drugs. He frightens with those figures but can't run away from there and finally cries alone for attention. 'Among LSD users who experience flashback, those who repeatedly use hallucinogens experience in the more severe forms. Various casual factors have been implicated in the occurrence of flashback, including : (1) neurophysiologic changes in the brain, which disinhibition the retrieval of image from memory storage; (2) a built in tendency to desensitize oneself to traumatic images is experienced during a bad trip via the repetition of the images;

and (3) the reactivation of primordial images imprinted on the mind' (coleman:452). The user perceives the object clear, sharper and brighter than the original nature of the object . Immature judgment, grief and loneliness are the major effects of these drugs. The cognitive aspect loses day by day due to excessive use and psychic effect. Thinking process and self controlling mechanism induced automatically and finally, desire to leave the social circumstances. Unique thought of concernless and selfish world cross the limit of suspicion. But the user never likes to see himself and his behavior pattern. Accusing others and unethical suspicion always leads toward social disassociation. Developments of the suicidal tendencies are very riskfull because of hallucination and illusion. Psychological dependency and complication of these drugs are very high, extreme anxiety and psychotic reactions may occur along with the chronic use of LSD related drugs. In the sense of euphoria the user may be oversensitive, better understanding and development of insight process but the psychedelic and LSD related drugs finally kill the creativity and deteriorate the cognition, diminish the judgmental capacity and develops the negative patterns of worthlessness. The ultimate effect of LSD related drugs is suicide or death.

5. Marijuana (Cannabis):-

Marijuana (Ganja) is known as cannabis. It was used since the Vedic era as a religious meaning of transcendental used by YOGIS and SHADHUS. In Hindu cultural system, use of Ganja (SHIVABUTI) was common and never thought illegal. The climatic feature of Nepal is very suitable for marijuana production. Even though, Marijuana products can be classified into two groups (a) natural production (b) locally produced (cultivated) specially in Terai. Government has been discouraging both of the production. Governmental

efforts are not sufficient to stop it and smuggling. Smoking marijuana itself is being the greatest problem of youth in urban and semi-urban areas of Nepal. The chemical formula of 'THC' effect the user's brain system within seven seconds of use. The primary effect of the marijuana is relaxation or mild pleasure but when it becomes habit any other visible or invisible symptoms are embraced by the user. Such as social inhibition, slurred speech, impair motor and muscular coordination, increased the heart rate, reduced concentration, enhance appetite and impaired short term memory. It creates unhappy and suspicious mood, weak body immune, poor psychomotor performance. Finally the user loses the memory and suffers from chronic depression.

CHAPTER 3

STAGES OF DRUG DEPENDENCY

a. Early Stage

Early stage of drug dependency life curiously leads toward 'Just for taste' the drugs and feel its effect by altering brain. The process of habituation, the doses of drugs and tolerance power increases together drastically. So, the abuser desires any more time and any more amount of chemical. If drugs are not easily available; he starts to store (manage) for the next time and afraid with his craving. The individual starts to take different types of drugs according to availability. In the same process individual selects anyone choice of drugs which matched with his desired trip and feeling of unique freedom of life and enjoyment.

Individual starts to divide money for drugs and techniques to achieve drugs, collects name or phone of drug dealers and suffering persons. Up to this process, the individual accepts the need of drugs. The person rationalize his drug taking behavior and pretends systematically, to prove his family and society that he is not using any substances.

b. Middle stage :

In the middle stage of drug addiction, tolerance power increases automatically and the level of toxication increases. Fernandes (2003) declared the sign of intoxication in the following ways:

1. Marijuana : Red eyes, dilated pupils, talkativeness, irrelevant giggling.
2. Ecstasy (Speed) : Dilated pupils, sleeplessness, frightening, tremors, hallucination.
3. Cocaine : Dilated pupils, talkativeness, over confidence, personality change and aggression, running nose.
4. Inhalants : Dilated pupils, blisters or rash around the nose or mouth, nausea and headaches, disorientation, chemical odor on breath.
5. Alcohol : Smell of alcohol, slurred speech.
6. LSD : Glazed eyes, dilated pupils, over excitement, irrational behavior, hallucinations.

If a drug dependent tries to stop drugs, his/her withdrawal symptoms or craving compel the individual again toward drugs. Food habit disappears and eating pattern decreases. Feeling of guilt increases in the pick- points. So, the individual intakes for relief from it. The opening using pattern of chemical and dysfunction of the socio-cultural values dismissal create unbearable legal and social fear. The individual doesn't stop drugs at any condition to face with the reality which is suppressed with psychological complexities. Due to money crisis and poor health condition, drug dependent tries to stop chemicals or changes any one cheaper substitute but never comes to existence in spite of the loss of willpower, frequent compulsive thinking about drug availability and hostile nature. Feeling self worthlessness, and increasing dependency evoke the thought of self destruction and resentment in own family as well as society too. This disrupted features of social relationship neglect all the responsibilities but moreover indulge in antisocial activities. The individual constantly repeats such behavior to get money but increasing expenditure of drugs cant maintain easily. He uses the weapons of aggression and

destruction continuously because of his negative mental image that 'my anger works' or 'when I will be angry people shall automatically fulfill my needs, and parents never dare to question me about continuous absence from the home, misuse of money as well as using drugs.' Impaired thinking, about self and society the individual feels completely defeated, self pity and deviates observable personality characteristic. He loses his job or gets suspension letter from his employer, society starts to plotting to him, family start to reject. If he/she is in school or college; individual can't maintain his normal life and discipline of the organization and finally gets restriction. The unseen use, hidden storage and unknown supply methods can't work in this stage and dependents starts to go directly to the street openly and starts dealing drugs carelessly.

c. Advanced State

This is the chronic phase of drug addiction. In spite of the loss of self control over addiction his obsessive compulsive behavior over substances and the concept of the humanity completely disappear in this stage. Personal ambitions, ideas, interest, hope, courage, and worry all short of psychological aspects collapse with unappreciated deteriorating self. Hopelessness and helpless occupied mind of the dependent can't live without obtaining drugs, the problems of overdose may occur in this stage. The dependent rarely desires attention of family and relatives by giving false interpretation having dangerous disease or fix the date of death. In such condition his family or relatives take him to hospital but the possessive nature of the drug dependent activate to run away from the hospital or by returning home. Dependency increases along with the deceit nature but drug plays a vital role only for normality in physical withdrawal and behavior. Neither the dependant gets euphoria nor the

can stop chemicals. Frequently, changing in chemical and mixing two or more drugs, that the dependent starts projection about the qualities of the drugs e.g. brown is not better than previous three years, quality is not good, I am used to disliking the trip of brown. So, I am using 'LOCAL RAKSI'. But, reality is completely different, it is due to money crisis or his poor purchasing power but he can't survive without obtaining drugs. Health status becomes completely poor and appetite decreases amazingly. So, s/he eats only in the pressured conditions of his companionship. Management of the drugs is very difficult in the last stage of dependent life. So, the individual starts to seek any other substitute to e.g. Dendrite (glue sniffing), boot police, and finally starts to seek the new users and his companions to use drugs in free of cost due to money crisis. Suffering partners also start to hide drugs, it makes the dependents killing pain in their mind; finally shows condemnation. The reduced animosity can't exist in home of the drug dependent and finally falls on street or lives alone. The last destination of drug dependent is unfortunate death or Jail or treatment center. So, be aware of that 'drug addiction is a disease 'treatment works'.

CHAPTER 4

DISEASE MODEL OF DRUG DEPENDENCY

• Drug abusing patterns are increasing day by day in Nepal. The major causes of addiction is the problem of life existence. The people accept the drugs as a healing agent, friendship of emotional fluctuation, substitute of coping, perfection and the effective way of self satisfaction to guide toward the unique way of the world. Drug addiction can be defined into two ways that the consumer cannot stop his choice of chemical knowing its hazards. It means his/her body desires the chemical as usual and in proper duration. The physiological system needs extra chemical to alter or smooth functioning. The second one is the desire of chemical associating people, place and things. Consumer intakes the chemical for pleasure or for normal handling of life due to craving; that is psychological dependency. He can't limit his drug taking behavior in certain boundaries, occasional duration and permission of socio-cultural values.

Different assumptions about drug dependency are equally important to be considered. The people who are associated with legal governmental works think that "addiction is crime". The people who are working as a social worker or the member of the civil society, think "addiction is a social problem". "Monks and priest believe that addiction is completely the outcome of their ancestor's sin acts or the result of the sin done in their prior life". Moralists believe about addiction is "characterless behavior or moral less beast". Analyzing the consumer's rude and cruel behavior

their own parents say a KUPUTRA due to his bad circle or bad environment of his social surrounding. But professional psychologist and counselor define 'drug dependency a disease'. It had explained earlier about DSM-IV criteria for substance dependence.

1. Drug Dependency is a Genetic Disease

Contribution of Ting-Kia Li,(2003) :-

Recent researches have proved that drug dependency is a complex genetic disease. Ting-Kia-Li (2003) confirmed that 'Identical twins who share the same genes are about twice as likely as fraternal twins, who share on average 50 percent of their genes to resemble each other in terms of the presence of alcoholism. Recent research also reports that 50 to 60 percent of the risk for alcoholism is genetically determined for both men and women(2-5). Genes alone do not preordain that some will be alcoholic features in the environment along with the gene, environment interactions account for the remainder of the risk. Research suggests that many genes play a role in shaping alcoholism risk like diabetes and heart disease.

'...one well characterized relationship between genes and alcoholism is the result of variation in the liver enzyme that metabolize(break down) alcohol. By speeding up the metabolism of alcohol to a toxic intermediate, acetaldehyde or slowing down the conversion of the acetaldehyde to acetate, genetic variants in the enzymes alcohol dehydrogenase(ADH) or aldehyde dehydrogenase(ALDH) rises the level of acetaldehyde after drinking; causing symptoms that include flushing, nausea and rapid heart beat. The genes for these enzymes and the alleles or gene variants that alter alcohol metabolism have been identified. Gene associated with flushing are more common among Asian population than other ethnic groups and the rate of drinking

and alcoholism are correspondingly lower among Asian population'.

Addiction is based in the brain it involves memory, motivation and emotional stage. The process involved in these aspect of brain function have thus been logical targets for the search for genes that underlies risk for alcoholism.

one approach to identify alcohol related genes is to start with in aspect of brain chemistry on which alcohol is thought to have an impact and work forward, identifying and manipulating the underlying genes and ultimately determining, whether the presence or absence of different forms, or alleles, of a gene influence alcoholism risk. For example, genetic technology now permits scientists to delete or inactive scientific genes. Alternatively, to increase the expression of specific genes and watch the effects and living animals. Because gene acts in the context of may other genes.If one gene is disabled for example other may compensate for the loss of functions. Alternatively, the loss of singe gene throughout development, may be harmful or lethal. Nevertheless, these technique can provide important clues to functions. These approaches have been used to study how altering the expression of genes encoding the receptors for neurotransmitters and intracellular messenger molecules alters the response to alcohol.

Scientists also have an increasing array of methods for locating alcohol related genes and genes locations and only then determining how the gene function an approach known as reverse genetics. Quantitative trait loci(QTL) analysis seeks to identify stretches of DNA among chromosome that influences traits, like alcohol sensitivity; that vary along a spectrum (height is another quantitative traits). QTL have been identified for alcohol sensitivity, alcohol preference and withdrawal severity. Ultimately, the goal is to identify and determine which condidate gene already known to lie near

alcohol related QTLs are several that encode neurotransmitter receptors and neurotransmitters themselves. One of these neuropeptide (NPY) lies with in a QTL for alcohol preference in rat. NPY, is a small protein molecule which regulate the dopamine terms that is abundant in the response to alcohol..... resarch suggests that genes affecting the activity of the neurotransmitters serotonin and GABA(gramma-aminobutyric acid) are likely candidates for involvement in alcoholism risk. A recent preliminary study looked at five gene related to those two neurotransmitters in a group of men who had been followed over a 15 years period. The men who had particular variants of genes for a serotonin transporter and for one type of GABA receptor showed lower response to alcohol at age 20 and were more likely to have met a criteria for alcoholism. ...individual variation in response to stressor such as pain is genetically influenced and helps to shape susceptibility to psychiatric disease, including alcoholism. Scientist recently found that a common genetic variation in an enzyme(catecholometyl transferase) that metabolizes the neurotransmitter dopamine and norepinephrine results in a less efficient form of the enzyme and increased pain susceptibility.

Collaborative study on the genetics of alcoholism (COGA) is searching for alcohol related genes through studies of families with multiple generations of alcoholism. Using existing markers-known variations in the DNA sequence that serves as signposts along the length of a chromosome and observing to what extent specific makers are inherited along with alcoholism risk, they have found 'hot spots' for alcoholism risk on five chromosome and protective area on one chromosome near the location of genes for alcohol dehydrogenase. They have also examined patterns of brain wave measured by electroncephalogram.

EEG measured difference in electrical potentials across the brain caused by synchronized firing of many neurons. Brain wave are characteristic to the individuals that are shaped genetically – they are quantitative genetic traits, varying along a spectrum among individuals. COGA researchers have found that reduced amplitude of one wave that characteristically occurs after a stimulus correlates with alcohol dependence and they have identified chromosomal regions that appears to affect this P300 wave amplitude. Recently, COGA researchers found that the shape of a characteristic brain wave measured in the frequency stretch between 13 and 25 cycle per second (the "beta wave") reflected gene variations that a specific chromosome site containing genes for one type of GABA receptors. The suggested that this site is in or near a previous identified QTL for alcoholism risk. Thus brain wave patterns reflects underlying genetic variation in a receptor for a neurotransmitter known to be involved in the brain response to alcohol. Finding of this type promise to help researchers to identify markers of alcoholism risk and ultimately, suggest way to reduce the brain risk or to treat the disease pharmacologically. The drug naltrexone has been shown to help some, but not all alcohol dependent patients reduce their drinking. Preliminary results from the recent study showed that alcohol patients with different variants in the gene for a receptor on which naltrexone is known to act (the mu-opioid receptor) responded differently to treatment with drug. This work demonstrates how genetic typing may in the future be helpful in tailoring treatment for alcoholism to each individuals. (Adopted from : Ting-Kai Li, the genetic of alcoholics, National Institute on Alcohol Abuse and Alcoholism, U.S. Department of Health and Human Services, 2003)

This cycle of drug taking behavior runs throughout the life of a drug dependent until his treatment. Those three side of dependency triangle refers tolerance of withdrawal symptoms, craving and habituation. In the terminal phase of drug abuse habituation may play

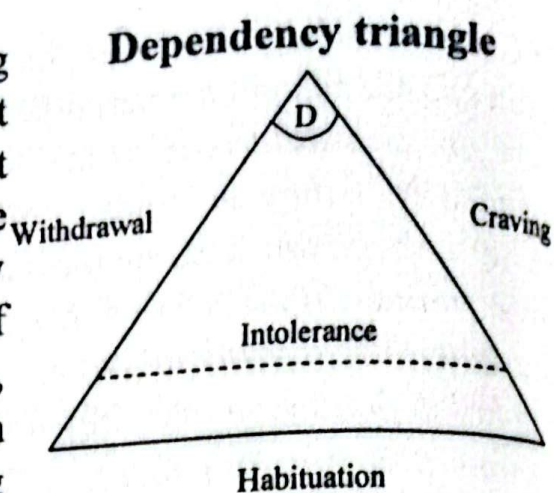
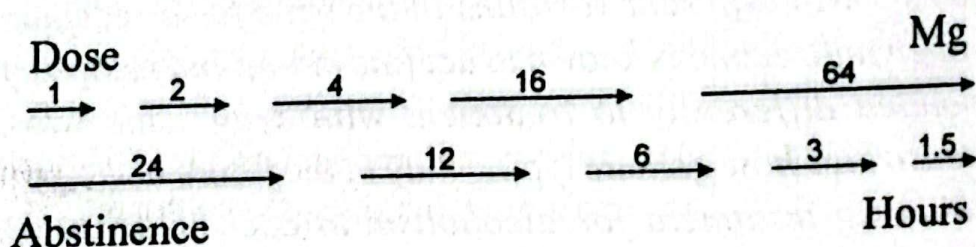


Fig. 4

vital role but ultimately habituation collapse itself and it is replaced by intolerance. The side of craving and tolerance of withdrawal symptoms make a flexible angle of 'D' (dependency). The individual takes drugs due to craving or due to intolerance of withdrawal symptoms in never ending process. Curiosity of different trips of the are never fulfill deprivation among the drug dependents. So, they change their choice of chemical along with the availability of drugs and recent purchasing capacity. In Nepal almost all of the drug dependents desire to taste many more drugs (poly drug abuse). Potency of the user increases itself due to the desire of heavenly trip or seeking good trip as user found in last use. Dose and duration (abstinence) plays dual role or can't go parallelly for a long time. Dose increases itself and abstinence decreases day by day.



It is a fact that every drug dependent starts from one pup, one tab, one fix, one peg but finally the progressive nature of addiction leads him toward unmanageable painful

2. Drug dependency is a progressive disease:

The person who has dependency in drugs he desires more quantity and more times of drugs for his pleasure or normal life. Because his psychological defense mechanism can't control his habituation. Many drug addiction professionals argue that drug dependency is a bad habit. The process of habituation is in the initial state of drug use but not in dependency. This habituation ultimately leads the user towards intolerance and makes dependency physiologically and psychologically or both of them. For example cocaine, cannabis, LSD and PCP don't make physiological dependence but when the habituation becomes intolerable it leads towards psychological dependency and finally creates craving. Habituation is the process using drugs frequently because of the optimum desire of pleasurable feelings; reduce the feeling for anxiety, fear or stress. Habituation becomes problematic when a person becomes addicted by the need of drugs and to alter the consciousness for compulsive drug seeking behavior.

Dependency figure

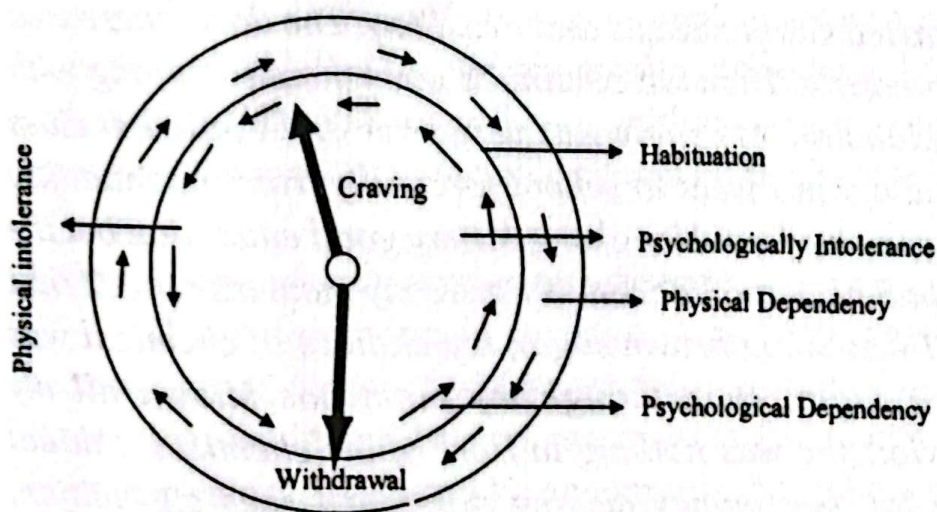


Fig. 3

life. A sharing by a recovering drug dependent is given below. I was a clever school boy studying in class-6. My mother was working in Hongkong and my father was in USA. I was living in hostel. I started first cigarettes at 12 years age on Dashian holiday. My aunt, her son and his father were living in single house. After three days I smoked 'Ganja' three times together with aunt's son and his friends. I never forget the first trip of 'Ganja' in my life which snatch me and pull me toward hell. Second day I smoked more than half stick and my eyes were red, so, I went home lately. I feel unique, or feeling of relax come to me. My friends said 'Jack-Cut' it encouraged me again and felt myself a pride as hero, some pleasure of greatness with me. I took Nitrovet tab upto Tihar and then I returned to my school. Again, I came to live to my aunt's home in winter vacation. I met my old friends and started smoking, taking tab and phynsedel too. I felt day by day I was going to loose some inner-strength of me. Really, I felt boring and I started to tease my friends, irritating my teacher and neglecting all the rules and regulations of my school. I was going to be lazy and cruel internally. Difficultly I completed class-7 and request to change my school. My mother came from Hongkong and changed my school, then my Aunt's son and I started to live together in single room. We started Ganja, Hasis and Proxi too. The doses increased continuously. Then we continued our education along with our addiction. My study was very poor and I failed at class 10 and again I went to school forcefully from my Aunt. My mother came from Hongkong for my good education but the time had been too late. I never gave my mom a smile. At that time I was using brown sugar, my choices of chemical was brown sugar, even though my mom has known all my behavior, she was nothing in front of my chemical. I threat her a lot, beg money making different issues e.g. tuition, clothing, education tour, hospital treatment etc. Many times

she cried with me. I have seen her tears but I was as a stone or iron. I couldn't recognize her. I stole a lot of money, even my mother's rings, golden bracelets, chain or so many things. I have changed the cheque by making duplicate signature from the bank of my mom's account. Difficultly, I passed S.L.C and went to USA where my father was living. They thought my son will be changed but it couldn't be a reality. My addiction went along with me. Almostly I used to with Cocaine in USA. My father was so worried about me unfortunately police caught me and compelled me to return back to Nepal. With the entrance of Nepal I was completely hopeless, anywhere single days, always dark and dark then I started dealing drugs from Birgunj (Raksaul to Kathmandu). I have arrested many times by the police and lived in custody and badly punished with damboot by the police. I have been using all types of chemicals which are available in this crazy world. Last two years of my life when I opened my eyes which events hit me in my inner heart, I change my precoccupied mind. My mother was on the hospital bed of B and B hospital due to (pressure). I was living with her for 6 hours, I was sick for drugs and have no money. I decided to pull out the finger ring from her unknowingly but she gave me knowingly. I sold it and managed drug (TD) and returned hospital but she was no more. It was the last day of my mother. Now I am 34 years old, single life without job and without family living in treatment center. (Permission granted by the person)

3. Drug dependency a primary disease

Drug dependency disease is not the caused of bacteria, virus, fungus and any other micro-organism. 'The chronic cannabis and brown sugar users frequently suffer from respiratory ailments like pneumonia, bronchitis or even tuberculosis. Poor health condition, poor nutritional status

combined with frequent inhalation of drug that are irritants to the respiratory system are responsible for this. Repeated infection of the tube in the lungs (bronchioles) damage the wall of the tube leaving them permanently dilated. This leads to the conditions called 'bronchietis'. All these conditions require appropriate medical treatment with cannabis, the reduction of the white blood corpuscles in the blood lower immunity making the patient more susceptible to infection, (Ranganathan, 1996, p. 38).

Cannabis decreases the sexual capacity. Chronic addiction of such chemical may create infertility. The withdrawal symptoms of all drug are early fall in sexual intercourse in male and sexual irritation in female. NIDA, 2003 research stated that 'endorphins naturally occurring brain neurotransmitters, have the capacity to alleviate pain produce pleasure are reduced to livelihood aggression. Endorphins secretion is the greatest in the brain hypothalamus amygdala and locus ceruleus. Our bodies have evolved their own natural narcotics- the endorphins'.

Prior to this researcher, it had identified the receptors for morphine. They responded that since our body evolved neuronal receptor that recognize opiate narcotics (e.g. morphine) this must be because that brain produces its own morphine like substance. Indeed as research has shown the molecular structure of endorphins and morphine are nearly identical. Research showed that subjects given an endorphin blocker(naloxone) report subjectively, greater pain. Drugs which block the endorphin also and decrease their enjoyment music and art, reduce the euphoria accompanying strenuous exercise and reduce sexual arousal and orgasmic intensity. Drug affects in the memory system of the dependence. According to Atkinson and Shiffrinn(1968) we have three

types of memory. Immediate memory, short term-memory and long term memory.

Memory Process

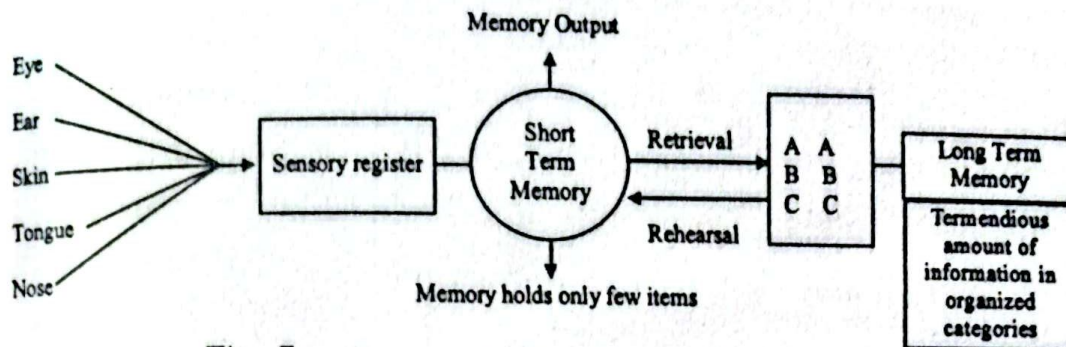


Fig. 5

adopted from Hilgard, Arkinson and Atkinson

Prolonged use of chemical leads the impairment of memory and in sensory process, sensory registration process, memory holding process and retrieval rehearsal process. So, drug dependent people cannot recall their old learning properly and difficult to learn new things. Almost all of the dependent's failure in education is memory problem too. Abstinence of chemicals, memory practice and nutrition may be helpful for the recovery of memory.

The associative area of the left cerebral cortex is used for memory. It cannot understand verbal language or produce verbal language. Long term abuse combine with B-e (thiamine deficit) leads to a toxic brain syndrome with impairment of judgment, severe depression, degeneration of brain cerebellum which enable us to coordinate our movements like walking, talking and touching; degeneration of corpus callosum which connects the two sides of the brain, this impairs the ability of the cerebral hemisphere to communicate; degeneration of hippocampus-most of the brain memory stored in the hippocampus, this cause anterograde amnesia; degeneration of neurons in the brains cerebrum. (most of the people will die of some related cause before this happens), severe memory loss of old information.

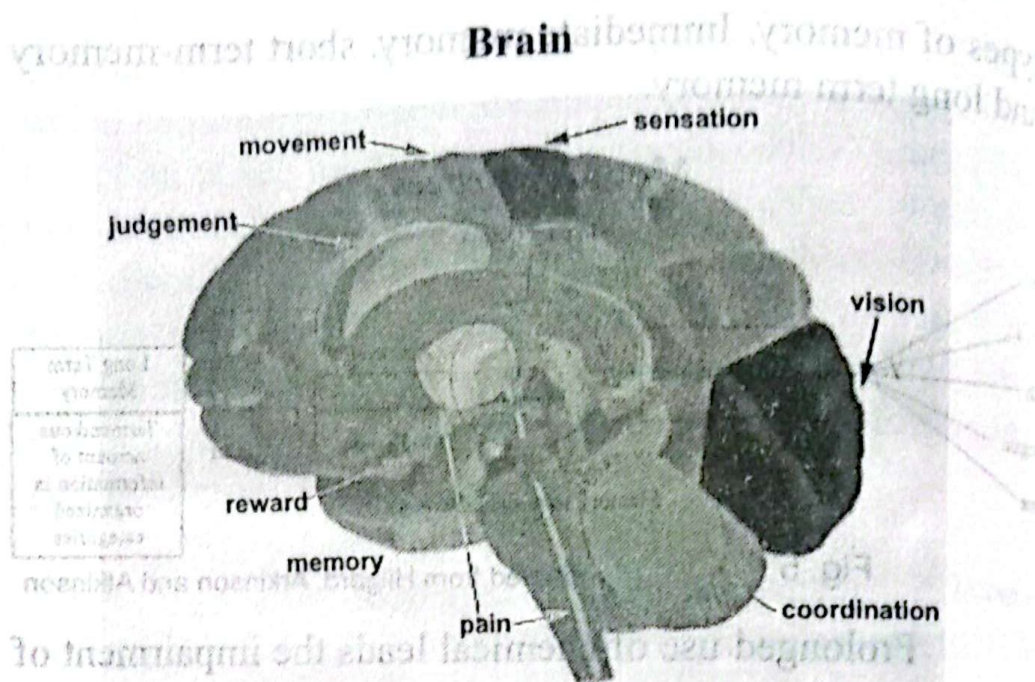


Fig. 6

Psychological complications

Depression:

The patient seems sad and feel a painful life. Discouragement in present status and guilty feeling about his past activities. He feels that he is getting punishment by his family or whole social authorities. Irritation with every activity, judgment in social circumstances, slow responses, and indecisiveness comes along with self destructive thought or suicidal tendencies. The person feels tired and lower sexual desire, body weight and loss of appetite and problems of constipation faced by the client. It was found that more than 90% of under treatment clients have been facing minor, moderate or severe level of depression in Nepalese drug dependence who were living under treatment. Moreover, the client may showed paranoid behavior, anxiety disorder, delusion and hallucinations too. Sharma, N.P (2000) studied about neurotic problems among the treatment center admitted clients for four rehabilitation centers (Youth vision, Richmond, Freedom and Aasara). It was found that 60.71

percent of the client were neurotic in which 70.59% were highly neurotic, 20.59% moderately neurotic and 8.82 were highly neurotic.

In preliminary study (2000), among drug dependents existential stress was found that 96.8% of under treatment were suffering from existential stress. Data were collected from ploy-drug users and living under treatment more than 35 days in different rehabilitation centers. The age bar for the sample selection was 15-30 years. Comparing between adolescents and adults group, it was found that young adults were more stressful than adolescents. The causes of existential stress of drug dependents was social insupport, mistrust in their home, hopelessness caused of wrong doing, chemical dependency, excessive money problems and fear of legal authorities due to the involvement in illegal activities e.g. smuggling, stealing, looting, hijacking, or so on. Neither they can escape from drug dependency nor they can exist in real world. Even, they can't cry for help or can't destruct self, they were suffering from social, psychological, physical stress but especially they were victim of existential stress.

Drug dependency and HIV/AIDS

Sharing of unsterilized needles from HIV infected to non infected people may transmit HIV. Sean Neil (1998) study has shown that the drug abusers, who were victim of child abuse have more significant problems in day to day living than those were not victim of child abuse. Those who were child abuse victim are more likely to have coexisting psychological problems such as posttraumatic stress disorder, low self esteem, and inability to display trust and develop intimate relationship with others. High risk behavior that

increases chances of infection with HIV, the virus that causes AIDS. Moreover, Hepatitis and any other communicable disease may spread among those people.

Klechner's (1968) studied using Cattel's 16 personality factor test (16 PF test) found drug addicts to be more aloof, anxious, paranoid and to have less ego and super ego strengths. Shanmugam (1977) conducted a study taking 212 drug abusers and 222 non drug users of control group. He used Eysenck Personality inventory and found that the personality of drug abusers consists of traits like extroversion, neurotic and psychotic characteristics and more clinical tendencies as compared with the control group. (Mohanty 1998 p. 387). Psychoanalytic theory of addiction is the cause of fixation of the oral stage of psychosexual development. More over behaviorist said drug addiction is learned behavior. WHO expert committee (1970) indicated no single cause of drug addiction, which are given below :

1. Drug addiction may be and underlying: Character disorder in which immediate gratification is sought at the expense of long term adverse consequences and at the price of immediate surrender of adult responsibilities.
2. It may be manifestation of deviant behavior in which there is pursuit of personal pleasure in regard to social connection.
3. It may be an attempt of self treatment by person who suffer from either psychic (physical) distress or who strongly believe that it has powers to prevent disease or increase sexual capacity.
4. It may be a way of getting social acceptance especially for the socially inadequate individual.

Drug dependency is associated with poor judgment and weak insight of the dependent. His social relation

becomes weak due to his stinking thinking. For example he thinks himself 'I am not affecting others why they are teasing me' ? 'I don't concern you and never concern me' in the same way lending money, stealing, lying, making excuses, blaming, aggression and self negative image makes himself alienated from society due to lack of trust and revengeful behavior pattern. Then s/he starts quarreling in home fighting with family members and presents the destructive behavior too. Finally he leaves home, becomes alone and any other violence related works. In such condition female may indulge in prostitution too. So, drug addiction is character defect as well as social adjustmental problem. Naturally, causes of addiction is compulsive, the dependent can't control his drug taking behavior as well as any other wants. In such conditions he never compromises with the situation but he becomes ready to sacrifice himself. So, externally drug dependent seem violent or rude because they are guided by the pleasure principle and immediate gratification. They perform irresponsible behavior but general people don't recognize the inner reality of the dependents; 'because they are drug dependents' or powerless over their choice of chemicals.

Due to deteriorating self image and confusion of objective perception they think that existence of life is not possible with chemical and withdrawal symptoms may occur without using the same chemical. He intakes drugs to kill sickens or to be normal and to increase the performance of sexual activities. When dependents can't cope with the isolation and stigma from the society, they never search the alternative ways. Internally, they feel guilt, shame, frustration and defeated from the social world. Finally they blast hostility into the way of addiction for social acceptance or to face with the problems.

Drug Addiction is a terminal disease

Drug addiction leads towards other fatal disease for example, Cancer, Liver chrossis, Heart disease, brain disease and HIV. Sharing needle with HIV infected is more riskful to be infected for HIV. If drug addiction is not completely stopped, medical treatment doesn't work and finally takes into death. Moreover, if addiction doesn't stop, the level of day to day crisis increases itself and obligation to involve in smuggling and any other crime related activities are obviously high. Finally they have to die in the street, gang fight or Jail. Almost all of the traffic accidents are cause of drug abuse, so risk of accidents and unfortunate death is high in drug dependents.

The above explanation proved that drug addiction is a disease associating with the problems of physiology, psychology, spiritual practice and social maladjustment. WHO 1950 stated that "A state of physical, mental and social well-being and not merely the absence of disease or infirmity". It means a healthy person must be fit physically, alert mentally and adaptable in society to maintain a healthy life. But the above interpretation itself speaks that drug dependents are not healthy person.

CHAPTER 5

DRUG DEPENDENCY AND ANGER PROBLEM

Anger is a component of negative emotion, cause of hostility, frustration and interference of smooth behaviour. Penguin Dictionary, Reber (1995) stated about aggression: 'An extremely general term used for a wide variety of acts that involve attack, hostility etc. Typically, it is used for such acts as can be assumed to be motivated by any of the following:

- a. fear or frustraion
- b. a desire to produce fear or flight in others; or
- c. a tendency to push forward one's own ideas or interests".

Aggressiveness is a tendency to engage in hostility; aggressive acts and intension of fulfillment of ambitiousness, social domination, actions to control interpersonal belief and desired goal. Agression is naturally instrintic behavior due to impulsive tendencies. Patrick, Bradley and Lung(1993) pointed the biological factors may indeed play role in aggressive behavior. Agression my be linked with the disorders in neural mechanism that regulate our emotions. How does anger occur in human being? The quantity of the agression depends on the personal coping/accepting ability. Cognitive factor and experience behavior factor play a crucial role in coping, which is known as patience. The second major factor is prior experiences and resent desire. If prior inner experiences are very painful and desire for something is very

strong the amount of the anger rises dramatically. The third factor is external control and situational interference. If external control is very strong, it leads toward hostility as well as jealousy. If there is quick situational interference, individual suffers from fear of achievement and frustration, both of them finally evoke aggression. The "CEP" triangle of aggression is given below.

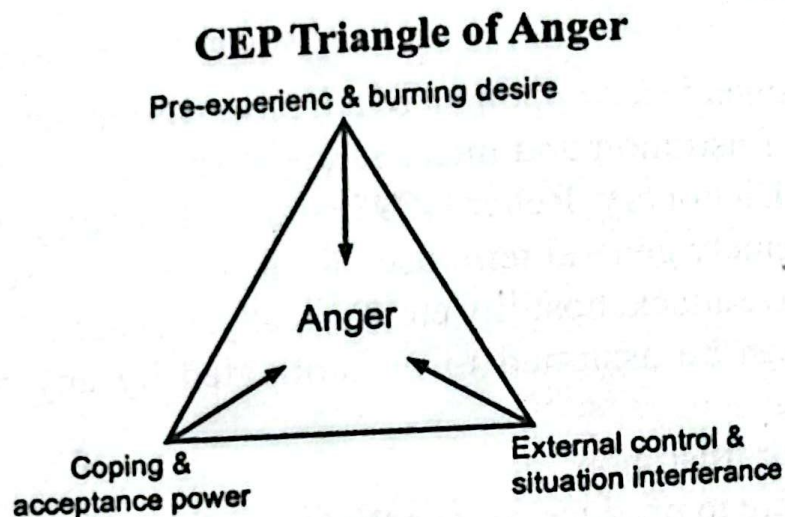


Fig. 7

The intensity of aggression depends on the realization of situation, degree of opportunity with achievement and personal tolerance power. The above figure of the 'CEP triangle' and its three sides showed the aggressive feature of drug dependents. For example, the individual losed the acceptance and inner control due to alternation of mind, in the same time situational or external control became weak that the people said him now he is unconscious, thirdly, the bitter drug crisis and finally problems association with desired dose of drugs and intense money crisis. So, there remains no controlling agent and the individual always showed anger. The past aggressive events become the second cause of aggression. If any body complains about that, if the family considered the first events; individual thinks, "Oh !

my anger really works." So, he develops the ill-belief forever as means of gratification. If the family members try to control him, he thinks that "they are trying to defeat me, rejecting me". Feeling of primitive helplessness converts into either rebellious behavior or frustration and directly lead in to fight or flight.

Mark and Ervin (1970) studied some brain damaged individual and found "they react aggressively to simulation that normally would be ineffective; in these cases the cortical control is impaired. One report a high incidence of neurological defect in the persons who are repeatedly violent and assaultive". Cannon (1927) assigned the central role in emotion to the thalamus; he suggested that "the thalamus responded to an emotion producing stimulus by sending impulses simultaneously to the cerebral cortex and other part of the body. According to physiological point of view hypothalamus and cortex are responsible for emotions. So, the biological causes of aggression in drug dependency may be defected in thalamus or cerebral cortex due to excessive drugs.

Aggression of drug dependents especially a learned behaviour through the drug sub cultural group. The simultaneous growth and learning anger techniques are systematicallty given below:

1. Seeks the real technique of aggression so that someone agree his aggression easily.
2. Distinguish the persons and the level of their sentiments by performing different intensity of aggression so that s/he could easily victimize one by one or couldn't dare to make sound against him/her.
3. Seeks the appropriate way of aggression. e.g. pinching word, abuse language, physical attack, blasting,

destruction, crying, threatening, smash windows, doors, TV, etc. so that other people fearfully agree to fulfill the aggressor's desire.

Drug dependent learns aggressive behavior through observing his friends and society in tactful way. Self deterioration casues of drug addiction depend on fear of well being in spite of their existence problem. When we can differentiate the different color of rays by using prism, in the same way, durg dependents are suffering by different components of the problems. They find the blockage of problems within the problems. Neither they find a hole to escape nor they can die; so they are aggressive. The 'P' figure is given below:

Aggression cathartic prism

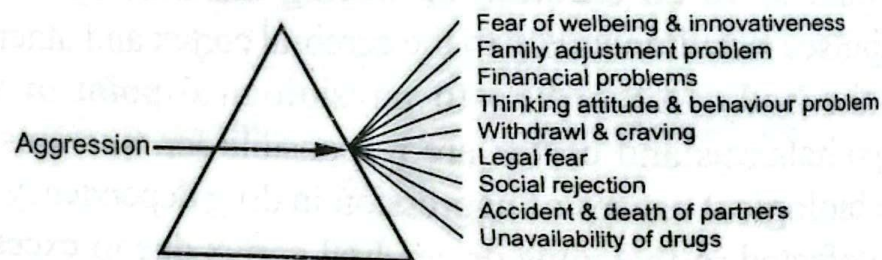


Fig. 8

Really, nobody desires to die being a drug dependent but unfortunately becomes addicted throughout the life. Figure showed that the level of aggression depends on the quantity of achievement. Unseen and external problems throughout the addiction life ruin the individual unknowingly. He/she feels self pity, e.g. why all unfortunates are happening with me ? (Why me ?). Individual tries to solve the problems but the unsolving innumerable problems come within single moment and finally becomes aggressive. When an individual tries to give up drugs, immediately one can't cope with painful withdrawal, when he compromises with family promising sanely finds the suspicious behavior and revengeful of last chance. When financial problem comes

along with drugs crisis at the same time health problems bitterly affects him, when he manages drugs but can't get satisfaction and starts store in his own home to save from bad circle and sharing injection (HIV) but legal problems comes being a fear of drug smuggler. The individual never finds peace in his mind, and to express inner aggression. If somebody stops the drugs for a certain duration, he starts to compare himself with any other successful people and his aggression converts into hostility for well being. So, why almost all of the role model in drug treatment centers desired to replace his own counselor by himself.

Ranganathan Clinical Research Foundation (2000) stated '...they have accumulated so much anger in them, that it requires only the slightest provocation to set them off. During abstinence, they want a quick change in the attitude of all others around. But to their disappointment, there is always tension in their air, mixed with memories of yesterdays pain. When the chemical dependent sober up, initially there is not much of a change in family dynamics. Anxiety, tension and mistrust lurk constantly in the air, even on problem free days. Everyone recalls with burning resentment every injustice every offence, every wrong committed. The memory is embedded deep and it festers. During recovery chemical dependents are also hiding wounds that have not been allowed to heal 'resentment wounds' the gashes, the trauma and laceration of bitter anger. The resentment can very often affect their jobs, marriage and friendship; and of course their recovery'

Level of cognition determines the intensity of aggression. Almost of the aggressors can't analyze the situation, interpret about the events internally and assess the available information or the experiences. Though

interpretation of past experiences and situation provoke the mood according to social condition. Occurrence and intensity of aggressive mood depend on the measurement of the risk of actual harm to others. If there is indication of self-harm, he thinks any other alternatives of aggression. Secondly, the individual recognizes the people, place and things; and differentiate the way of aggression. The intensity of anger responses is higher with peon and lower with the boss. The amount of aggression is same but depends on level of hidden complexities. Aggression potential fluctuation depends on coping or inner understanding. Even if there is extreme unpleasant feeling in the same intensity, the level of aggressive responses differs situationally. Individual hides his aggression and pour it in suitable place or person because aggression is always power dominated. Under treatment clients started scolding to his counselor. He said, 'When will I get discharged from here, I kill you, I cut you etc'. Immediately one security guard came to take him to the security commander. He replied politely, 'Sir I want to discharge and manage my family because my problems are in my family not with me, no worth living here'. The client was afraid of the punishment of the security commander. So, he hid his anger in front of powerful security commander but no power in counselor, the intensity of anger was high with the counselor. One client of our treatment center started convincing for his discharge to his father's personal secretary but denied. In the same time started to show his explosive nature, when his counselor asked him of what happened to you? How are you? Oh nice sir, May I call to my father? Sir, just we were talking to make good relation. See there the intensity of the anger response were different according to people and situation. Remember, drug dependents are very cunning in people pleasing, power play and situation analysis. Initially they recognize, secondly, they analyze and

thirdly, jump over you and make you a victim of aggression. So, you can't stand yourself because they are sufferer from cognitive disorder due to brain alteration of excessive chemical abuse.

Symptoms of anger

Hilgard (1975) stated the major symptoms of indicating the activation of sympathetic system. The changes are given below :

1. Blood pressure and heart beating rate increases.
2. Respiration becomes more rapid.
3. The pupil of the eyes dilates.
4. Electrical resistance decreases.
5. Blood sugar level increases to provide more energy.
6. The blood becomes able to clot more quickly in case of wounds.
7. Mortality of the gastrointestinal tract decreases or stops entirely; blood is diverted from the stomach and intestines and sent to the brain and skeletal muscles.
8. The hair on the skin erects.

The detail sign and symptoms of aggression are given below :

I. Physical signs :

- a. Pounding heart and rapid pulse rate.
- b. Dryness of throat and mouth.
- c. Frequently urination.
- d. Dilated pupils and erected skin hair.
- e. Rapid respiration.
- f. Red face and eyes.
- g. Loss of appetite and sleep.
- h. Sweat from the body and tense muscles.

II. Psychological signs

- a. Irritation.
- b. Loss of concentration.
- c. Weak, sensory process, perception and memory.
- d. Loss of judgment power and confusion.
- e. Strong feeling of resentment and hostility.
- f. Loneliness.
- g. Nervousness and sense of unreality.
- h. Self pity and depression.

III. Behavioral signs

- a. Explosiveness or silent reaction.
- b. Use of vulgar words or abuse language.
- c. Unnecessary arguments in pinching words.
- d. Fighting or beating and violence.
- e. Gang association and carrying weapons.
- f. Rejection of the child and cruel behavior in family.
- g. Isolation from home as well as society.
- h. Drug and alcohol use.

Types of aggression :-

Basically aggression can be divided into two types they are direct anger and repressed anger (hidden anger). Direct aggression is to response the aggression immediately and the viewer can recognize the individual's aggression. The direct aggression can be confronted by different techniques.

Table 7: Responses of Anger

Body organs and postures	Direct aggression	Indirect aggression
Mouth	Bickering, brawl, arguments, pinching word, abuse language, and explosive	Stammering, Silent reaction and communication gap
Eyes	straight bulky red eyes and tears	Tears secretly
Hands	Punch, fight, smash, broken and destruction, use of weapons	Supporting the chin and chick with hand and planning about resentment or disappointment
Genitals	Shows the genital organs and sadistic sexual intercourse tendency	Loss of sexual interest
Feet	Kicking, Leave the place quickly and run away	Run away secretly for isolation
Mind (Feeling)	Strong resentment and expression of do or die for a certain moment	Self pity, disappointment, stress, depression, silent resentment and sarcasm.

Anger Management

Aggression is similar to an epidemic because it affects not only the aggressor but also to the surrounding people too. The people who have attachment with aggressive drug dependent, have to suffer from hurt, fear, threat and unnecessary arguments. So, anger management is not only for the aggressive person but also for his family and society as well. It is a fact that a recovering drug dependent's aggression ultimately leads to drugs. Many drug dependent people think that 'I have to give up drugs' but they never

think about their anger problems associated with addiction and moreover they may manipulate it's our genetic nature. May show grandiosity 'I don't angry but when I do, I can't see my eyes'. It means, the individual is suffering from anger problem. Non-drug dependent's anger creates only behavioral problems but recovering drug dependents' anger is "boarding pass" for addiction flight. Never think, abstinence disappears the aggression. The individual himself has to manage his anger. Try to change the negative way of thinking and behaving pattern. Due to habitual aggression in suffering life they don't trust others and won't be ready to listen to others; so, listen and think positively. Share the ideas and feelings with others, which works as a ventilation. Try to find out your way of aggression (techniques). What type of aggressor you are ? Which part is being active in your aggressive behavior ? Try to control it. Aggressiveness is learning behavior. So, you have to practice much more than you think, Think, you have been arguing with many people, angry with many people, making complains and taking resentment with many peoples; even with your mother, who gave your life, even your wife/husband who is your life partner, your teacher, so on. Did it take you to the heaven ? No ! then, why do you desire to live in hell ? Really, your life is fruitful, you are not angry with other, the more you are destructing your life minute by second. Do you like to angry with you ? If yes, ok ! Otherwise happy life is on your own hand, stop biting your nail and be ready to manage your anger.

Anger management Clues

1. Analyze the offences done by you and other.
2. Forgive the people for their wrong commitment or offences.
3. Think yourself, you did those wrongs unknowingly and

take it as lesson at present.

4. Think positively before responding others, what is right and what is wrong.
5. In each moment take patience in listening others, communicate politely and openly, don't try to hide your mistakes.
6. Never try to hurt others. If anybody hurt you say him/her without exaggerating or without adding any history. Express your hurts meeting alone in polite way face to face.
7. Find out which part of your body is active in aggressive time and practice a lot to control it.
8. Be honest to yourself and start giving excuse and gratitude e.g sorry, thanks so on.
9. Analyze your feelings and try to share it.

Techniques to reduce your aggression:

a. Reorganization of anger

Honestly, try to recognize the signs and symptoms of your aggression. Find out yourself the causes of anxiety, irritation, depression, frustration, conflict, physical problems and behavioral difficulties. Finally admit your aggression.

b. Identify the different causes of aggression

Many aggressor hesitate to accept their aggression. Moreover they manipulate about the events due to guilty feeling or shame but they never try to seek the root causes of aggression. That is the major problems of aggressors. Self evaluation and situational analysis help to find out the causes of aggression. e.g "why I am angry ? What is my responsibility ? What type of weakness do I have ? What mistakes I did" ? But never try to blame others.

c. Aware about the displacement of aggression

Aggression can be displaced by the aggressor. Here is a story about displacement of aggression. A gentleman use to working in a business company. One day he drank much more in business party. His boss convince him many times but he couldn't control himself. Finally, boss ordered his security guard caught him and sent him to his resident. That event hurt him excessively. When the guard took him at his resident and returned, he started scolding his wife, his wife started to beat her children and children started to hit the plates with spoon and threw the glasses. Check there, Aggression of the boss displaced upto the children of the employee.

d. Find out, is your aggression realistic ?

Stop making hypothesis or assuming about others but try to analyze yourself. With whom you were angry? Think making it vice versa. Think what you use to do ? if you were on that position, with whom you used to get angry? So, think what had happened but you can't change that events because that became your past. Find out the internal causes of the events or ask him politely. *One couple and their two children were living near by my house. The husband was a drinker. He used to return home drinking lately. One day, he came to house around 9:00 p.m. and started shouting his wife. The door was locked. He return shouting, and scolding to his wife 'the prostitute woman went carrying my child'. I shall go to report police. I will arrest her. Children belong to me but I never accept that prostitute (BHALU) etc. He entered into Kriti Restaurant and drank and slept behind the house. When he went to his job he found a message by his friend that his wife is in hospital due to an accident of her elder child.*

e. Analyze, is aggression for your improvement ?

You are not angry but somebody is angry with you. In such condition, think; does the anger help you ? benefits you ? Angry for your improvement ? If so, admit it and thanks the aggressor don't angry yourself. *Asim was a student of secondary school. He wasn't interested in his study. His mother was worrying about his SLC and future study. When Asim came home from school, changed his clothes and get ready to go to meet his friends. His mother brought him a plate of MOMO and water but he rejected. Mother complained a lot so that he could change his plan but by the next day he stopped going school. Next day his mother telephoned me and told all about them. When I reached there they had been stopping communication since the day before yesterday. So, think, why mother was complaining ? Does it help you ? If yes, Accept it and show your gratitude to the aggresor.*

f. Think what you can change or you can't:

If anybody makes you angry be careful that he never helps you for your better improvement. Leave the problem of aggressor him/herself. Don't try to carry the aggressive problems of others. Only you can change yourself but never other people. Think, I can't change others; allow him/her to go to hell but never try to go together.

Prescribed psychotherapies for anger management.

- a. Attitude correction therapy.
- b. Role play.
- c. Behavior therapy (Encounter and token economy)
- d. Laughing therapy.
- e. Music therapy
- f. Meditation

CHAPTER 6

CHILDREN AND DRUG ABUSE

Children and drug abuse problem is spreading dreadfully in Nepal. Now, would not like to go about the genetic factors of drug addiction but the social learning and emotional factors are really responsible in drug abuse among the Nepalese children. Drug addiction pattern differs regarding the different physical features, living conditions and socio-cultural settings.

Traditionally, cigarettes and Hukka (smoking) were the way of hospitality in Nepalese culture; which are in practice until now. Consumption of alcohol (RAKSI-JAND) are as common as the cases of smoking. Get together of relatives and celebration starts together with alcohol. This cultural practicing has been running traditionally up to now. Especially, alcohol allowed cultural groups are ethnic groups in Nepal. Smoking cigarettes, Bidi, Hukka, Sulpa (KANKAT) and chewing tobacco are common all over Nepal. So, children learn to take those substitutes from their own socio-cultural practices as well as from their role modeling. The weak point of awareness in Nepal is that, teachers, educated persons, social servicers, and even the guardians of the child are used to smoking and drinking openly; such events encourage the child into negative learning. In certain cases; parents ask their child to serve drug related products. 'Oh ! Smoking and drinking are prestigious then why I won't ?' a child may think. "They are

enjoying why I don't?" such question arises on the growing mind of a child and encourage himself toward it. In the mountainous and upper hilly region, people's life style is full of hard labor, steeply and no transportation facilities. They have to go ups and down daily carrying a heavy loads on their back. They use alcohol to reduce fatigue or for relaxation, at the same time their child also share with together. In the Terai especially Tharu, Danuwar, Dhimal; mongols and in Kathamndu- Newar people's festivals and any other rituals are along with alcohol. It is accepted as 'SAGUN'. Socio-cultural patterns are the major causes of drug starting and significant impact on Nepalese children. The terms and conditions about child drug abuse is little bit different in mixed sociocultural urban society. People are accumulated from mountain to Terai, most of the Nepalese caste and ethnic groups of people are living together. They share different socio-cultural celebration as a neighbor in neo-socialization process. A psychological fact is that negative thing makes quick mental image. 'Sharing of socio-cultural practices helps to lean about alcohol and makes the child curious about it.

Children learn from their peer groups too. They share the ideas, techniques, and varieties of celebration with their peer groups. Ultimately, children recognize the way of joy is alcohol or cigarettes. Media also plays a vital role to compel the children taking drugs. Large hoarding boards, smiling youth models with drugs; what does it mean? They think that it is the way of Joy of Life. Film stars (Hero) play a brave role in each film, children watch such films and try to imitate as hero's taking cigarettes and drinking. In the context of elite family, they go to restaurant for dinner, parents may take alcohol though the child does not drink, he learns about the method and ideas of drinking. In the same

way it happen in party and any other celebrations too. A child may think a great matured person have to drink and he will be curious to taste such drinks. When the children use such drugs for some day or times, sooner may they be trapped in this problem. So, the process of socialization and agents of schooling must be cleaned.

Agents of Social learning

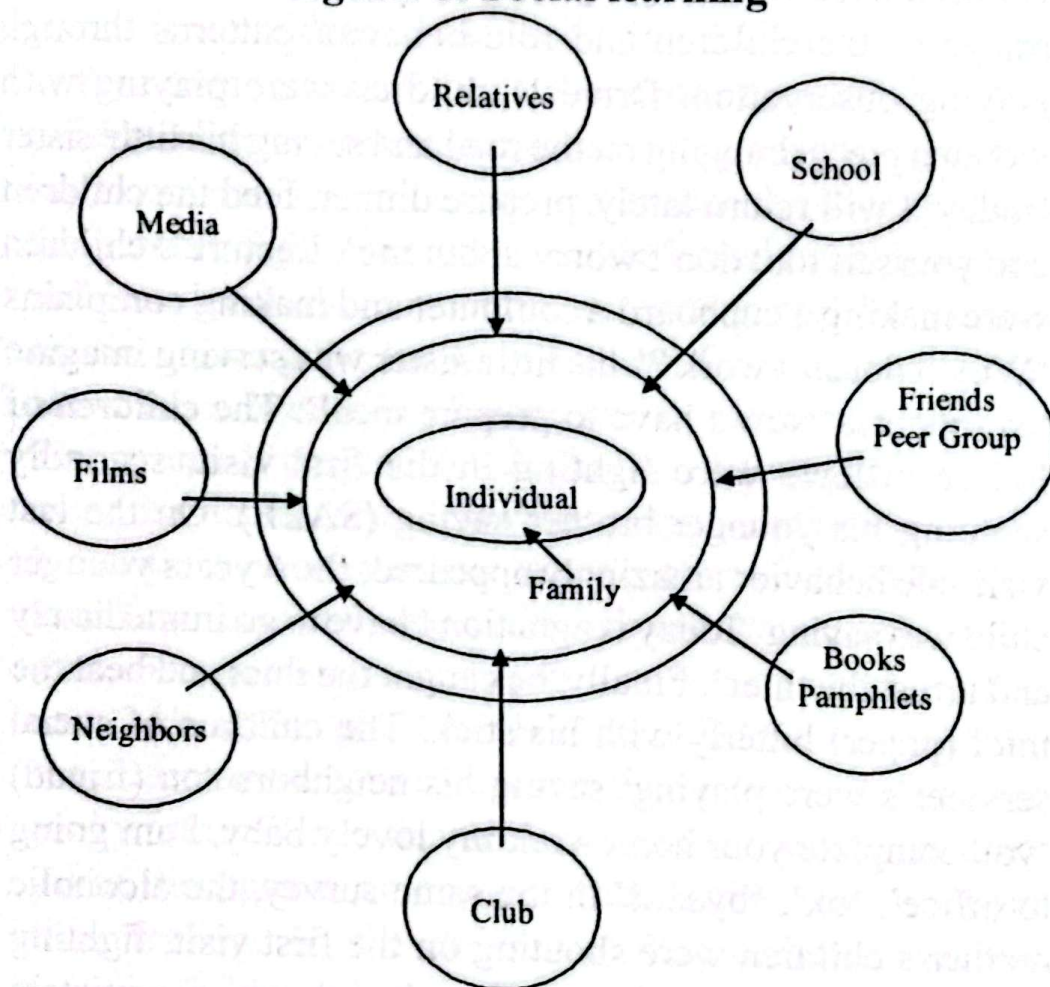


Fig. 9

The childrens of alcoholics and drug dependents:-

Drug addiction is a full of multi-dimensional suffering life. How does a drug abuser victimize his children vigorously? The unmanageable life of a drug dependent directly affects his family along with his children. The children of drug abusing parents feel lack of positive role

model in their own home which creates role confusion. This writer conducted a survey study within 10 families. In which 50% were drug/alcohol dependent's family and 50% were non drug dependent's family. In non drug dependents family the occupation of the parents were police, social service, teacher/lecturer and the alcoholic drug dependents have no job and depending on rental house income. The age of the children were below eight years. I tried to find out the mental image of the children and role behavior patterns through playing observation. Driver's children were playing with wooden piece dragging on the road and saying his little sister 'today' I will return lately, prepare dinner, feed the children and yourself too; don't worry about me'. Lecture's children were making a cupboard a computer and making complains 'Why it doesn't work?' his little sister was serving imagine tea (paper). 'Now I have to prepare meal'. The children of Police officers were fighting in the first visit, secondly scolding his younger brother saying (SALE). On the last visit role behavior amazingly appeared; the 6 years younger child was saying 'Today is agitation I have to go immediately and arrest the thief'. Finally, he caught the thief and beat the thief (paper) bitterly with his stick. The children of social servicer's were playing; saying his neighbors son (friend) 'you complete your homework my lovely baby, I am going to office', 'ok', 'bye....!' In the same survey, the alcoholic mother's children were shouting on the first visit, fighting and crying, in second visit and snatched the younger sisters hand and showed to the ceiling and said see a large spider there. When his younger sister concentrate to observe the ceiling, elder brother stole the egg, ate it and ran away. The cheating behavior showed that they were learning mistrust and to betray. The children of the drug addicts showed no games up to third visit but finally, they were playing cards (torn piece of cards) and smoking (THUTO) cigarettes on

their mouth. I found that, only role model was not the causes of such behavior but moreover confusion in moral ethics and value system both causes are equally important. When they observed their parents behavior and family situation, they learned the way of dealing and coping with the situation appropriately. All sort of symbolic behaviors of the children were the mental images of their perceptual field.

The children of Alcoholic/drug addicts learned lying by their own parents. When father used drugs and threatened, children observe the events but the mother taught them 'don't say to others'. It carries a stigma among the society. When the parents fight each other, father bitterly scolds mother, children loose the concept of protection and harmonious relation among the family members. Children never share about those events and feeling due to shame of his friends. The nature of drug addict/alcoholic are quite different than any other individuals. They never appreciate their children but criticize them for their better performance. When there is no love, care and concern in their own home, a child never gets courage from their society too. Society perceives them as son/daughter of a 'JUNKY' or 'TWAKE'. Many times they become nervous by listening bad complains about their junky father. When the children feel themselves a matter of jokes, disapproval among their friends, they start to suppress their feeling. So, the children of drug addicts never seem happy. Children try to isolate from the people and develop the negative image toward society and loose the self respect too. Children suffer from confusion of well-being, anxiety about day to day activities and overstress in each activities. They may carry fund of fear, and feeling of rejection. Such negative emotional patterns unknowingly leads them painful survival having nobody intimate in this world.

Alcoholic/drug dependent father never takes responsibilities of their children but promises a lot after using drugs that 'I never do again' but he always repeats such behavior. That's why children never trust their alcoholic/drug addict parents. Rarely, drug dependents and alcoholic try to grab the attention of their children buying fruits and sweets being black outed on trip but the time becomes excessive late. Almostly returning time becomes after 10pm (night) at that time children becomes asleep on their bed. Children start malnutrition, suffer from physical sickness but the parents rarely give importance to their children's treatment. In certain cases the alcoholics may feed alcohol to their sick child as a medicine. The children of drug dependent suffer from different illness e.g. frustration, anxiety, anger, stress and depression. It has been found that most of the drug dependent's children were suffering from one or more ill-habits e.g., bed wetting, stammering, nail biting, nightmare, sleep walking etc. Attitude patterns of the drug dependents children become completely negative having stubbornness, shameful, guilty, weak concentration and unethical nature. Sometimes they show the violent behavior run away reacton and firing in home.

Naturally, children are innocent, beautiful, dedicated and cheerful like a rose. They never think that 'they don't know' and 'they don't feel', they are more sensitive than matured human being. At any moment, respect the feelings of children. Try to develop the self confidence and self esteem of the child. Drug dependents use to victimize their children in each moment, eg. discouragement of the family, inharmonious relation of the family, emotionally blackmailing and hopeless. Almost of the drug dependents/alcoholics can't bear their economic status, which effect to their children. They can't provide proper food, clothes and

education. Even it was found the problems of school dresses, copies, books and tiffin too. Eating together is quite impossible, when the children wakes up, father goes out of the home; when the drug dependent/alcoholic returns home; children became asleep, if he has stock he get up around 10 am and use for normal at that time children may be reached in school. When the dependent goes out for drug seeking (HUNTING) returns lately around 10 pm that time children are asleep. If the addict father meets his children fortunately, children start to run away or hide in the corner pretending as asleep on the bed or seek the way to escape.

Due to unavailable of stationeries, children start to steal pencils, copy and pen of their friends. When such events comes into the flash, children stop to go to school or are afraid with school and try to be isolated from their friends. Educational performance may be reduced automatically because their poor concentration and passivity. Children fail their exam and finally desire to escape from such problems and terminated the school life.

CHAPTER 7

DRUG DEPENDENCY AND EGO PROBLEM

Freud (1927) explained the human behavior scientifically. He used a couple of terms, they are life instinct and death instinct which are known as urges. What is the urge to take drugs ? Brown (1940) states "Physiologically the death instinct represent the force which tend to destroy organism life and to lead organic matter back to the organic state. Psychologically, the death instinct gives rise to hostile and aggressive behaviors to aggressive sexual activity to self and race destruction. Thus, love and hatred, pleasure and pain, life and death instinct goes side by side. The death instinct is also expressed in destructive and aggressive intellectual activity such as criticism, satire and taunts". This statement proves that components of urges e.g. pain and pleasure plays crucial role in drug addiction. They continue use of drugs to reduce pain or get pleasure, knowingly the hazardous consequences of drugs because of aggressive structure. Freud (1927) stated about the structure of personality on the dynamic aspect of mind into three parts. They are 'Id, ego and superego'. The topographical aspects are unconscious, sub conscious and conscious minds. Question may arise, where is addiction ? Drug addiction runs in the unconscious mind associating with drug using people, place and things. Drug dependents use drugs in subconscious state of mind and the conscious mind may occur with the slight trip of the drugs momentarily but not forever.

Drinking pattern and Mind

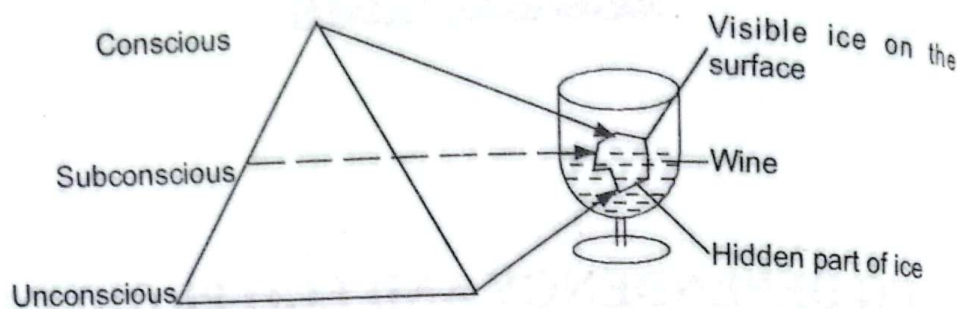


Fig. 10

A piece of ice on a full glass of wine can't sink fully, more than 80% of the ice sink under the surface of wine but 20% floats above the surface of the wine. The surface of the wine distinguish the inner part (hidden part) and outer part (seen part) of the ice. Similarly, a large amount of feelings and experiences are hidden in human mind that is unconscious, the visible small part of the ice is as conscious mind and as the balancing capacity of ice is subconscious. The greater part of the unconscious mind always associates with drugs and sub conscious can't balance the mind and compel to take drugs naturally. It means the small part of conscious mind cannot maintain a large unconscious mind. The patterns of addicting grows together with the nature of thinking and attitude. The seeds of wheat and paddy carry complete different nature of plants genetically. It means that the genetic nature of those plants are hidden within the seeds respectively. In the same way addiction remains in unseen way (hidden) when it takes suitable situation, it grows carrying an original nature. So, never say once being a drug addict, 'I can manage drugs'. Otherwise you will be in the same crisis or more worst that you were because your addiction is in the dark chamber of your unconscious mind. If you are stopping drugs being a drug dependent it is as like using an umbrella in a rainy day. If you off your umbrella, you certainly wet and have to open the umbrella again. As the problem of rain your addiction activate you and cannot

disappear. Once you escape from the swamp of addiction but never think I can run over there because neither change in swamp nor you.

The dynamic aspect of the mind can be divided into three parts. Freud stated them 'Id', 'Ego' and 'Superego'.

Dynamics of Mind

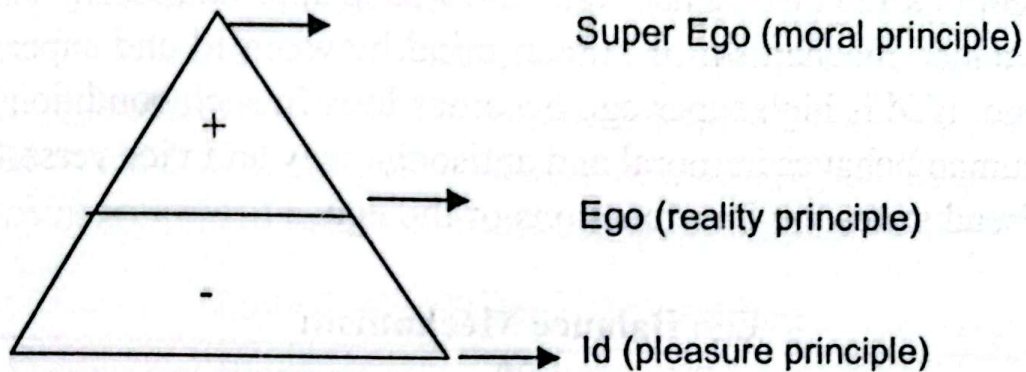


Fig. 11

'Id' carries pleasure principles, It never analyze about moral or immoral, real or artificial (hypothetical). The nature of 'Id' is to gratify at any cost to avoid the pain or for pleasure. The impulsive nature may be converted into excitement or aggressiveness to fulfill the irrational, unethical, antisocial desire for immediate satisfaction. 'Id' is such a demon mind which never thinks about morality, conscience and social values. Drug addiction is guided by pleasure principle associating with rough and rude 'Id'. Dependents can't think of quitting more than intaking of drugs and immediate satisfaction. They may dare to beat their own parents, ready to sacrifice themselves in gang fight and spend a whole day for a couple of doses of drugs but are afraid with the breaking of unconscious setting. I have heard that one alcoholic used to sell his blood for alcohol use and many female drug dependents became ready for prostitution for drugs. The fact behind this reality is, they can't cope without drugs, immediate pleasure or killing pain of craving is basic urge

to them. Antisocial, aggressive, brutal behavior patterns in drug dependent are regarding the Id guidance in their mind. "Ego", is like the subconscious mind which balance the 'Id' and 'Super ego'. It can feel, think, consider but can't properly apply in behavior. It proceeds both of the mind oppositely. It has tolerance power and social oriented into the reality of life; which adjust the environmental reality with the internal feelings and distinguish right and wrong approaches. Ego is balance mechanism of human mind between Id and super ego. If Id is high super ego becomes low. In such condition human behaves immoral and antisocial way and vice versa. Freud states the four functions of the ego.

Ego Balance Mechanism

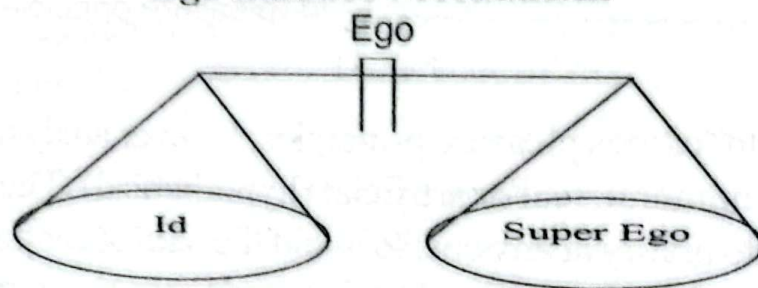


Fig. 12

- a. To satisfy the nutritional need of the body and protect against injury.
- b. To adjust the wishes of the 'Id' to the demand of reality.
- c. To enforce repression.
- d. To coordinate the antagonistic striving of the 'Id' and the super ego.

Drug dependent's ego can't balance both striving powers of the indicator which always lean to 'Id' and it is called 'negative 'ego'. 'Ego' guided by super ego is positive ego. Many people's misconception is that ego is bad, but ego itself is neither good nor bad. It may be guided by two forces Id or superego.

'Superego' is absolutely conscious having moral ethical values. It emphasis on the social code of ethics in reality bases. It always makes aware the 'Id' mechanism by providing ideas, information, about conscience. Secondly, the 'superego' control the power of 'ego' through awakening by the signals of warning and compel to suppress the immoral desire. If something false is done by the 'Id' impulses it provides more information to control the 'ego' of such worthless behavior. So, sometimes superego increases the strength of ego and 'ego' controls the immoral 'Id' and finally the individual feels guilty, shameful and anxious. Id and superego guided behavior traits are given below:

Table 8: Ego Balance Mechanism

Id guided (ego-Negative)	Superego guided (ego-positive)
1. Immoral, antisocial. 2. Rejects the social values. 3. Pressure the ego through assumption 4. Brutal and rude 5. Desire to avoid the pain and get pleasure 6. Immediate gratification 7. Immature thinking and poor judgement capacity 8. Pleasure seeking but failure cases aggressive 9. Unmanage, free floating 10. Passive and exploitative	1. Moral, social 2. Respect the values. 3. Provide the information and warning signs in reality. 4. Humble 5. Tolerance 6. Patience 7. Creative and social thinking 8. Reality seeking, in failure cases repression 9. Self control power 10. Innovative and admiration

'Id' guided defense behavior of drug dependents:

Thinking patterns of suffering drug dependents are full of cunning. Heartily, they don't like to do any work besides the drugs and alcohol related gratification. Nobody can adjust with them comfortably in spite of strong denial of reality. At any time they try to cheat others making different issues; and pretend to be social approval with the

reality, that is only a grandiosity of drug abusers. The emotional insolution and inner hostile behavior can't keep them in term of good interpersonal behavior. The major thinking and behavior weakness of the drug dependents are given below.

1. Acting out

Drug dependents really desire to manage the next dose of drugs in suffering. So, they don't concentrate themselves in their profession. Internal intention and external behavior seems completely different. Even though they conduct any work they never complete perfectly; just they act as if because they are guided by active pleasure principles.

2. Compensation

Never fulfilling desire of gratification drives them in to intolerance and ambiguity. They can't recognize their own responsibility and doubt in self concept. Feeling of worthlessness, haphazardly attacks them in any facet of life situation. So, they desire quick return of doing something or always compensation doing or losing something.

3. Isolation

The immature desire of addiction life can't run smoothly inspite of self pity and emptiness. Escaping nature and violent behavior can't create trust in the interpersonal relationship. Neither they can accept the advice nor evaluate themselves properly due to poor judgmental capacity. They desire admiration but compel to do self offences, can't adjust with the social norms and values then feel themselves social insupport, rejected and isolated.

4. Denial of reality

Assuming is the key issue of self fantasy of suffering drug dependent which leads them into the worst condition.

They try to hide their feelings, experiences unknown to any other people. Due to the weak 'ego' balance mechanism, they are afraid of the reality and feel difficult in competition. The weakened confidence makes themselves dubious; become sometime over sensitive or sometimes careless. The weak perceptual capacity of the drug dependent takes others are always wrong. Emotional, social, financial, legal approaches become measurable even they try to hide all sorts of weakness. Daily self created problems leads them as a insane manner; though they try to hide it. Escaping from the problems and hiding the problem in their own interjected life are the causes of denial of reality.

5. Hostility

Greater expectation of gratification can't come into reality without personal effort among the drug users. So, they become more anxious with other. The tendency of unpunctual, passive and dishonest nature of drug dependents effect the people living near by them create mistrust. Again ratio of the aggression increases itself and convert into strong resentment but they can't treat the people as their desire but ready to betray all. Finally they feel that the whole world is plotting to me in hostile nature.

6. Discrimination

Drug dependents easily differentiate the people to their favor of assumption. In spite of detachment of non drug using people may create the worthless feeling in social relation for belongness but pseudo-relation among the drug addicts can't run smoothly forever. Favourism increases up to the maximum level that he becomes completely lonely though the conditioned behavior of the dependent can't adjust among non users and finally, search the same suffering of people. Again categorises the nature of suffering and again

discriminate among them. So, discrimination is for easy survival for secret drug seeking and emotional closure.

“Freud (1997) used the term defense mechanism to refer unconscious process in which a person defends at anxiety; they protect against external threats or against internal anxiety arousing impulses by distorting reality in the same way. Defense mechanism doesn't alter the objective conditions of danger, they simply change the way the person thinks about it. They all involve an elements of self deception” (Hilgard, Atkinson and Atkinson, 1975, p. 442). The powerful source of defense is denial of reality The major defense mechanisms are given below :

1. Rationalization

Rationalization is the illustration of irrational behavior which seems to be accepted by giving socially desirable causes. When one fails to achieve the goal, he may create unacceptable causes to acknowledge the people as the public favor to him. Drug dependents justify the reality making different excuses. For example, when he lives in the treatment center he promises to go to NA/AA continuously but after discharging, never goes to NA/AA meetings. When somebody questioned him, “why are you not going to meeting ?” He rationalizes that ‘I really love NA/AA because it is my heart, it is my life but I am afraid due to involvement of still suffering people are over there; otherwise I used to go to meetings.’

This relapse is the cause of marital ceremony; “what to do? my intimate friends requested me! You know him ? Oh ! He is my best friend since my primary school life and we used to eat on the same plate together. Once we had misunderstanding and communication gap by then, when we met together both of us cried, hugged and compel to take alcohol, really it is due to him.”

"I really stopped taking drugs, I am not a drug addict like shameless (PATTUR) junky. Have you really stopped? Yes, I was a brown sugar addict but now sometimes I am taking cold beer only in the evening time before dinner;" but he doesn't know taking local wine (THARRA) early in the morning and sleeping near by garbage. Moreover, he explains the people; "You know, why I am drinking now? It has lower cost than brown sugar, prestigious, it can be used at own home or socially acceptable." Once, I heard alcohol helps indigestion but the inner reality was different, he drinks such THARRA due to lack of money.

2. Projection:

According to Coleman (1981) by projection one transfers the blame of his own short coming, mistakes and misdeeds to others and attributes to others his own unacceptable thoughts. In other words, it is blaming someone for his own mistakes." When an individual can't satisfy him/her self through the unfulfilling desire of drugs ego pressure the 'id'(pleasurable desire), individual reduce his anxiety caused by the pressure of ego, desire to throw out anxiety tension and blaming others. Mohanty (1998) stated 'When the ego dislikes his own id and super ego desire, it throws the blame on somebody else. For instance, when one loses interest in somebody, he may try to overcome the anxiety by saying'. Firstly, projection is learning behavior to avoid pain and blame others. Secondly, causes of projection is due to interference in the pleasurable desire and the outcome of making excuses for own fault. Thirdly, the causes of projection are preoccupied mind; to see other's status as himself. Coleman (1981) stated 'Projection probably develop from our own early realization that putting the blame on others for our own failures, unethical thoughts and misdeeds help us to avoid social approval and punishment.'

I have already described the impulsive 'id' nature of drug dependents. Drug dependents never accept and realize their misdeeds at any condition. They learn such behavior by their own family as well as their suffering friends. One client brought in treatment center forcefully from a police custody. When we sat on first counseling; I asked him in the process of case study, what does your father do ? 'He is a corrupted civil servant'. Your mother ? 'she is a prostitute (BHALU) Have you ever used drugs ? 'yes'; Who doesn't use it ? everybody, do you think myself only ? I think you may have.

- Do you have any brothers and sisters ? Yes.
- What do they do ? Brother junky, sister prostitute (BHALU)
- How long have you been using drugs ? 15 years.
- What sort of drug ? Every as available.
- On your opinion why you used first ? (No reply)
- What problem do you have when you are not able to stop using ? "When father is bloody, idiot, corrupted, mother prostitute, What do I do without....."
- Are you married ? I hate street fucker.

When we sat on fifth session reality came on the table. He had stolen color TV and VCR from his house and sold it anywhere. Brought brown sugar from Birgunj and return to his home. His father requested to the police station for behavior correction of his son. So, police arrested him and kept him a week in police station and finally sent to drug treatment center. Really, his desire was to finish the stuck of brown sugar but unfortunately he was arrested. So, he was projecting each event, blaming others thinking his sister and mother prostitute and father corrupted as the character of himself. But his father was good civil servant, mother was teacher, sister and brother were school students. He had been admitting other treatment center and discharged due to fighting with fellow.

Reaction formulation:

When natural desire of an individual repressed by the external threats which creates unethical reality is called reaction formation. The external force pressured the Id behaviours which are socially unacceptable but ultimately it may lead to excessive venerability. 'Reaction formation both internal and external threats. Whenever there is exaggerated rigid conformity to any set of rules, it is a case of reaction formation. 'It is viewed that reaction formations are irrational adjustment to anxiety. They distort reality and make, personality rigid and inflexible'. Mohanty (1998).

One 18 year client was living under drug treatment center. He used to go home to visit each Friday. Within the fourth month he went home and sold VCR, used drugs and went to prostitute girl for sexual intercourse. We cancelled his a couple of home visits and provided him especial counselling and kept him under strict discipline. He confessed and realized the faults, but when he went next home visit he sold his sister's mobile. Moreover, he neither returned to center nor his home for three days. His parents knew that he was living with his friend together. Parents telephoned into the center and police went to bring him again. Initially, he tried to run away, when the police caught him, he fought with police and tried to escape but couldn't succeed. Police kept him one day in isolation box and one day carrying wooden chair whole day without food. Many times he requested for food but wasn't given him. Ultimately, he ran up to the second floor, loudly noticed his friends 'I am going to die' and jumped down. I knew this case after his injury, Now, evaluate the growing reactions formation of the boy due to rude behavior.

Intellectualization

The threatening emotional feelings covered by the intellectual terms are intellectualization. The people who are playing with life and death use the 'ego' defense to reduce the

distress. In this process individual can't judge about real or unreal, ethical or unethical worth or worthless but use his intellectual power in favor of him. *A drunkard came into treatment center and said, 'I admitted at this center to get rid of vibration of my hand only but I can stop drinking living in my home. I have to return as far as possible I have my own NGO, have been working in reputed INGOs, I am a prestigious man, people may recognize me. I have no family and financial problems due to alcohol. I don't need to take your counselling because I know all and I have studied more than thousands book about stopping addiction.'* But see the reality, his mouth was smelling alcohol, thin body having liver cirrhosis and has been there forcefully by his wife and small child. His major intention was to escape from treatment center.

Fantasy:

The major problem of a drug dependents is assuming about unrealistic events because they try to satisfy the frustrated desire by assuming something fantasies. Most of the fantasies of the drug dependents are non productive but it helps to decrease the frustration by unpleasant reality. Teasing, jokes about sex, genital, masturbation, drawing sexual organs, writing about fuck, talking about sexual intercourse and girlfriend etc are the major way of fantasizing.

Prescribed Treatments :

- Self existential psychotherapy.
- Psychoanalysis (Free association)
- Play therapy
- Art therapy
- Music therapy
- Meditation
- Practice in honesty
- Work therapy

CHAPTER 8

DRUG DEPENDENCY AND DEPRESSION

Depression is swing mood, feeling of sadness, defeated self and impairment in normal functioning in real ethical world. Individual loses the joy of his/her life, feels empty, worthless in existence, rarely response with people in irritating way and can't feel the responsibility, hallucination, illusion in sensory system and delusion in thinking; excessive guilt or unpardonable sin. Drug dependency unknowingly effects the individual chemically; which alters of mood and normal brain functioning in spite of chemical effects. The second cause of depression is unmanageable drug related crisis e.g. financial, legal, social, interpersonal and physical. Severity of depression depends on the bio-psychosocial state, even though drug dependency and depression are co-related to each other; drug taking duration, nature of substances (drug types), quality, potency of the drugs, level of unbearable crisis and individual existence power determine the level of depression among the drug dependents. People may think that only depressive drugs are the cause of depression but the causes of depression between suffering and under treatment drug dependents are different according to their physical, behavioral and psychosocial prospective, which are given below :

Table 9: Causes of Depression

Suffering drug dependents	Under treatment drug dependents
1. Daily arguments in inter-personal relation.	1. Daily feedback in irritate mental status
2. Sad and unhappy because of failure in each facet of life and compulsion of drug taking.	2. Sad and unhappy in spite of interpersonal mistrust and family complaint.
3. Loss of appetite and body weight due to bio-chemical effects and eating mishabits.	3. Increase the appetite and body weight but always worry about tasty and spicy food and tension about physical exercise.
4. Hopeless about future and helpless in present.	4. Self discouragement and pessimistic due to every where troubles.
5. Loss of judgmental capacity.	5. Full of confusion.
6. Worthless world and 'idiot people' no one understand me and nothing prefer (full of satisfaction).	6. I can change myself but how can I exist in the same crazy world and problematic family ?
7. Feeling of smashing, biting, kicking chanting, singing etc.	7. Convulsion or fits and complete delusion and hallucination in the initial treatment phase.

8. The whole society is worthless then how to be good? I will die using drugs and killing enemies (resentful guilt).

9. Feel that I am getting punishment by my family and society.

10. Self harm and harm others.

12. Loss of interest.

13. Damn care and disappointment

14. Destructive, boisterous or explosive.

15. Rude decision on behalf of drug trip.

16. I can't do anything without taking drugs.

17. Sleeping disturbance

8. Excessive guilt feeling due to misdeed of suffering life.

9. I have done unpardonable sins and no way of escaping.

10. I did many harms I would rather die.

12. Feelings: No drugs no happiness.

13. Feeling of self ugly and self disgusted.

14. Internally peculiar pain, neither can cry nor can smile.

15. Feeling of loss of memory and decision power.

16. I have completely lost my confidence, so I need any support.

17. Sleep disturbance and jerking, pain due to withdrawal effects of drugs.

continue

18. Completely loose the concern of body and physical health.

19. Can't do anything without taking drugs.

20. Can't feel about digestive function but suffer from constipation.

21. Loss of sexual interest.

22. Concern less with others' hurt and terrible criticism.

23. Isolation and self centered.

24. Sweat in the body and careless about clothes, health and hygiene.

25. Frequently frightening and emptiness

26. Troubled by police

18. Over suspicious and worry about health and infecting disease.

19. Easily tired feeling and restless.

20. Stomach pain and ache, sometimes diarrhoea and sometimes constipation.

21. Increasing sexual desire and unavailability of sexual intercourse or early fall creates sexual frustration.

22. Terribly hurts about criticism.

23. Boredom and lonely.

24. Hostile and quick gratification.

25. Nervousness and loss of self-esteem.

26. Troubled by self emptiness and insupport

continue

27. Vicious problems of financial management and drugs.	27. Worry about unethical planning and financial support.
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Severity of depression and drug dependency related depressive symptoms are given below:

I. Mild depression:

- a. Drug dependents suffer from irrational thought and feel collapsed life within drugs.
- b. Gradually reduces the performance of day to day activities and seems gloomy thirsty and upset.
- c. Stops enjoyments and creative works.
- d. Avoid the social relation and poor communication with family.
- e. becomes very suspicious of people and events, just makes hypothesis (assumption) of his day dreaming.
- f. Reduction of the motivation level even in simple tasks.
- g. Shows the irritation with people and seems lazy.
- h. Pale face and black scares around the eye.
- i. Dry mouth and white thick saliva.
- j. Loose the sleeping and eating habits.
- k. Untimely toilet and constipation.
- l. Seems concentrating somewhere but really thinks another things.
- m. Loose the interest in health and hygiene.
- n. Blames others and easily hurts and cries.
- o. Seems bothering and feels rudeness
- p. Anxious and fear in each event.

II. Moderate depression :-

- a. Drug dependents generalize the society absolutely evil and worthless.

- b. Internalize the self unapproval, loss of brain and memory power.
- c. Avoid the domestic activities, if somebody compels him/her performance seems shameful.
- d. Loses interest even pleasurable activities and thinks the only one way of coping is drugs. Drug taking ratio increases rapidly but drug resistance power decreases due to poor physical health.
- e. Starts to neglect others due to unethical thought and full of suspect.
- f. Loses the self confidence and self esteem; so, decides drugs a way to maintain confidence .
- g. Develops the negative attitudes toward self and others.
- h. Loses the self acceptance and shows psychoneurotic pattern.
- i. Emotional unbalance increases rapidly, so, life becomes full of frustration, anxiety and completely dissatisfied.
- j. Loses the sexual interest, appetite and sleeping habits.
- k. Loses the drug tolerance power as well as behavioral patterns.
- l. Level of aspiration decreases along with non attainment and ends with in self pity.
- m. Feels falling somewhere, kicking somebody, crying somewhere.
- n. Shows obsessive compulsive behaviors and phobic reactions too.

III. Severe depressive :

- a. Self hurt and excessive guilt feelings.
- b. Defeated self existence, distress and self suffocating life.
- c. Withdrawal of social relation.
- d. Avoid, the job, domestic works and personal care of health and hygiene.
- e. Suicidal thought and self destruction.

- f. Feeling of trapped some where by people or super natural or devil power.
- g. Self pity, helpless and hopelessness.
- h. Difficult to asleep due to shock and stammering.
- i. Trustless and unethical temperament.
- j. Forgets days, months and years(dates), even forgets, what he/she is talking about.
- k. Stops communication and starts talking alone, crying alone assuming something.
- l. Blaming others sudden planning for his despair.
- m. Nausea, vomiting, abdominal pain, headache, cramps, stomach pain etc.
- n. Hallucination and illusion in sensory process as well as poor cognition.
- o. Looses the meaning of rules, time, money and life. The painful self center ness irritates in each moment.
- p. Completely loss of sexual interest.

Research studies about drug dependency and depression :

I conducted a research study (pilot study) of (No.44) illicit drug dependents who were living under treatment process in different drug rehabilitation centers of Kathmandu, samples were taken from two groups (adolescent and adults) who were poly drug users and living more than 30 days under treatment. BDI-II and MMPI- D scale were used to measure the depression of the drug dependents. Data were collected from different socio-demographic setting and analyzed systematically. It was found that 65% of adolescents and 43% of adolescents were suffered by mind depression. 29% of adolescents 45% of adults were suffered from moderate level of depression. Severe level depression in adolescents was 6% and 12% of adults. The comparative figure is given below.

Table 10: Comparative figure of depression

Depression Scales	Adolescents (N = 22)			Adults (N = 22)			Mean Difference	T-ratio
	Mean	S.D	S.E	Mean	S.D	S.E		
MMPID scale	29.42	5.355	0.378	31.07	6.321	0.446	1.65	2.62
BDI Scale	34.14	4.090	0.289	35.42	5.141	0.363	1.28	2.75

t is significant at $p < 0.01$ level

The above table showed that adult drug dependents were more depressed than adolescent drug dependents; where 't' is significant at 0.01 level. It means age factor effects the depressive patterns. In other hand the duration of drug suffering was longer than adolescents of the adults. So, depression increases among the drug dependents along with the duration of the crisis and drug taking. Study analyzed the socio-demographic setting of drug dependents and found that economic status or (financial availability) rarely affects the drug dependents. Where as low socio-economic groups depression level was 35.81, low medium 35.20, medium 35.85 and high class 35.03. Even though they all fall in moderate level of depression, the level of depression was not significantly different.

Family structure and living arrangement directly effect the drug dependents in their depression. The person's who were from joint family structure; their level of depression was least (33.64), in unclear family patters (35.30), the severe depressed drug dependents were from living alone or with friends was (38). Joint family patterns was more suitable and living alone was more risky for drug dependent for their depressive illness.

According to caste and ethnic status of drug dependents (Newar, Chetries, Magols and dalit); Dalit drug dependents were most depressed. Where the depression level was 36.42, Brahmins 35.11, Chetties 34.88, Newar 35.13 and Mangol 34.16 respectively. Even though, the depression level was different among different caste groups, it wasn't significantly different. Religious status of the drug dependents and level of depression were found significantly different. Islam people were most depressed (42), Secondly, the Christian (36.33), Buddhist (35.68), Hindu (34.82). Although, drug dependent didn't have religious importance; their socio-cultural setting, belief, values and norms were directly affecting them. The structure of cultural pressure and self conflicting status of the dependents were the major causes of depression.

The comparative analysis in education status of drug dependents showed that the graduated drug dependents were most depressed (36.10) because they were unemployed, separated from their family and drug taking period was comparatively longer than any other groups. The least depressed (32) was post graduated group. They were employed and the more theoretical or cognitive structure of self realization and self acceptance than any other groups. Respectively, primary level 35.66, secondary level (test pass) 34.58, S.L.C pass 35.5 and intermediate 34.59. Comparatively education status of drug dependents significantly differed in depression level.

Marital status of the drug dependents significantly different on the level of depression. The depression level of unmarried 34.49, married 35.76, widower 28.50, divorced 41.50 and separated 30.75. The divorced group of drug dependents were most depressed, due to loss of social

prestige, loss of property due separation of property, previous tension of disrupted marital life. The least depressed widower groups were getting new hope of new marital life and family cooperation from their parents and were living together with. Levels of depression were compared with different occupations status of drug dependents and it was found that drivers were most depressed (37.92) and government job holders 37.00. Level of depression, sleepless in night driving, problems of highway, untimely fooding, additional alochol, worry about family were the major cause of depression of drivers. Government job holders were irritate due to political instability and unnecessary transformation, poor professional evaluation which was directly interrelated with their promotion. Worry about purchaging due to low payment scale and unsystematic beurocratic rules were the major casuses of depression. Students (34.14), businessman (34.84), Foreign servers (34.60) were around the same level of depression. Unemployed were suffering from vocational unidentity and level of depression was 36. Respectively tourist guides and private job holder's depression level were 36.22 and 34.38. Both of them were suffering from vocational uncertainty. If there are tourists, there is job, no tourist nothing. The private job holders complaints were unsatisfactory payment, no guarantee of job and dominating behavior of employer. Hotel, lodge workers depression level 33.58 was lower than farmers 35.43, because they are much suffering from physical pain but no more earning. Worry about their best education of their child and comfortable way of life style.

Zickler Patrick (1999) studied about drug dependents and depression. 'Drug abuse patients may develop depression as a result of physical and psychological suffering of associated with their drug use, and patient suffering from mood disorders may becomes drug dependent in attempt to

self medicate'. The researcher studied 25 teenagers and diagnosed the bi-polar disorder and secondary substance abuse disorders involving marijuana, alcohol, inhalants and multiple drugs.

Brooner, R.K., King, VL, Kidorf, M., schmidt C.W. and Bigelow, GE.(1997) studied about treatment seeking opiod users (N-716). Diagnoses were made using the structured clinical interview for DSM III R. Clients also were administered the addiction severity index (ASI) and the Neo-personality inventory(NEO-PI) to determine selected personality traits. Forty seven percent of the clients had life time psychiatric diagnosis in addition to substance use disorder. Life time antisocial personality disorder was found 25% of clients and major depression was found in 16% of clients. Regardless of whether psychiatric diagnosis was independent of or consequent to substance use/dependence, comorbidity was significantly more likely in clients with earlier age of first use of any drugs. Comorbid clients also were significantly more likely to show greater substance use and psychosocial problems.

Dolan, Black, Malow and penk(1991) studied (N=144) drug abusers admitted in under treatment program. Subject were administered Minnesota Multiphasic Personality Inventory (MMPI) and Drug abuse screening test (DAST). Subjects were categorized into cocaine users (N-33) opiod users (N-90) and speed ball users (N-21) based on drug preference, frequency of use and DSM III R criterial for drug dependence. They showed hypochondriasis (HS), hysteria (Hy), depression (D), psychopathic deviance (Pd) and social attraction (Si). When the age and race varied out; Hy, Pd, and Si still differentiated speedball users from opiate users, while Pd and Si differentiated speedball users from cocaine users.

Joe, Knezek, Watson, and Simpson (1991) studied depression and decision making among intravenous drug users. All subjects were administered the Aids initial inventory (AIA), an interview schedule exploring respondents HIV risk taking behaviors as well as Beck Depression Inventory (BDI) and depression and decision making scales developed by the investigators. Based on BDI, 83% of subjects showed depression, with 42% showed severe depression, 30% showing moderate depression and 12% showed mild depression. Female, younger and less educated injecting drug users were significantly more likely to show depression than their counterparts. Depression was correlated significantly to decision making such that greater the depression, the lower confidence in one's ability making decision.

He Ming, Zhang Hui, Tang Jiangpin (1996) studied 62 drug dependents (42 male and 20 female) admitted in detoxification programme. Personal histories, drug histories related data were gathered to find out the defense styles. It was found that the addicts exhibited certain tendencies of immature defense style including projection, passive aggressive behavior, acting out, withdrawal, hypochondriac like behaviors and less use of mature defense style such as suppression, sublimation and humor. The poor ego defense may be cause of addictive behavior or problems of social surrounding which helps to creates depression themselves.

Milby, Sims, Khuder, Schumacher, Huggins, Mclellan, Woody and Haas (1996) studied 102 patients, who were admitted in methadone maintenance treatment programmes. In total samples, 51% were abstinent for illicit drugs, 54% were employed full time and in which 63% were in methadone treatment program. Subject were administered a

structured interview incorporation diagnostic questions consistent with decision making for DSM-III R diagnoses. At least one affective disorder was present in 58% of subjects, with major depressive disorder the most common (31%). Anxiety disorder was present 55% and post traumatic stress disorder in 31% of the clients.

Miller, Klamen, Hoffmann, Flaherty (1996) studied 6,355 voluntary admission to 38 inpatient and 19 outpatient treatment programs affiliated with the comprehensive assessment and treatment outcome research registry. The client had to have a current DSM-III R diagnosis of substance use disorder and had to have undergone evaluation for a diagnosis of major depression. The treatment programs were described as 12-step based abstinence oriented programs. Diagnosis were based on interviews conducted at client intake. The clients population was different, full time employed 64%, high school level education 85%, marital status (43% married), and 30% of client's family income was around 20,000 dollar. In the study, 31% reported having psychiatric treatment, 24% depression, 44% lifetime diagnosis of major depression. Major depression was mostly likely to be associated with opioid, stimulants and abuse of prescribed drugs and with early on set of alcohol and marijuana.

Treatment of Depressive Drug Dependents

It is quite difficult to treat the depressive patients because they supposed themselves having nothing and deny easily your suggestion. The symptom of the depression seems cooperatively same in different stages. So, you can't guess them, severity of depression. Testing is most essential before dealing depressive clients. Due to hidden irritability and aggression they neither share their feelings nor they admit

their problems. If you find major (severe) depression you must take help of psychiatry; don't spend money and energy. It is beyond your capacity because they need psycho chemotherapy, electro convulsive shock therapy and hospitalization. If the client is in mild and moderate phase of depression drug treatment center can deal them in the following way :

1. Provide them normal regular exercise.
2. Practice in relaxation and enough sleeping.
3. Make routine life, support and encourage them to do something in participatory approaches.
4. Apply natural therapies, yoga (simple), massage, coldbath etc.
5. Make a small group of people and encourage sharing their feelings.
6. Provide them continuous feed back and reinforcement in each best succession.
7. Find out the socio-cultural acceptation and establish relation with their family, society and so on.
8. Never try to change the depressive patients forcefully but prepare healthy, peace and enjoyable environment.
9. Encourage them sports, singing, music, dancing, role play etc.

Prescribed Treatment

- a. Laughing therapy
- b. Music therapy
- c. Naturo therapy
- d. Cognitive therapy
- e. Art therapy
- f. Behavior therapy
- g. Community therapy

CHAPTER 9

DRUG DEPENDENCY AND STRESS PROBLEMS:

A state of psychological tension caused by personal inadequacy, emotional crisis and external environmental pressure is stress. Psychological function effects in biological system, it creates physical as well as neurological illness. You may think that stress is always negative or distress but this is not true. Negative stress is distress and pleasurable stress is eustress. In both of these cases the adoptive power or coping plays a vital role for healthy management of tension. In a single term 'stress is pressure exerted on the body as well as in mind'. In eustress, the mood of the particular individual is full of conflict or he can't find the possible solution and can not decide properly. *A 26 years old drug dependent said, "We won Aasara Running Shield and I couldn't control myself and used brown sugar. The other experience, when I was at my home my wife delivered son at hospital. I couldn't think what to do or not, I left my house and drank one bottle of beer."* Normally eustress occurs in job interview, sports competition etc. Distress is caused by unpleasant events e.g. death of marital partner, loss of job, fail in examination etc., coping ability plays vial role in such situation. One drug suffering client shared his feeling in this way. *"I was born in countryside at poor economic family. My mother died in front of me, when I was a 6 years old child. After one year my father married with my step mother. She scolded me a lot and beat me and finally*

made me to leave home. I was 9 year old child, I came to Dharan and started working at hotel. Fortunately, one driver asked me to work with him, I accepted and started to run with his bus. I learnt driving, took licence and started driving at my 18 years of age. I was a truck driver, one day I was driving my truck on the highway. One couple asked me for lift at 12 o'clock. I brought them Kathmandu because their car was out of condition. They gave me visiting card and I called them. They invited me to work as a personal driver. I stopped truck driving and started my new job. My boss had a young daughter, day by day we become nearer and fall in love with her. We got married, left the job and started living together. My father-in-law was very civilized man, he gave me a building in Lalitpur. I started business, I had to live many day out of my home. One day, I puzzled that my wife was sharing single bed with any other boy. That event hurt me bitterly. I beat both of them and left home. His father tried to make good relation in many ways but I couldn't accept her and she couldn't dare to beg sorry, but she said it is her personal affairs. I desired to take my daughter but she didn't give me. I started drinking, even I couldn't cry. Now, neither I die nor I can survive. I am a alive corpse."
(Permission granted by the person.)

Here the question arises; which one comes first ? Drug/ alcohol first or stress ? It is like "Which comes first; chicken or egg" ? When the individual can't cope with the situation he may take drugs for better adjustment and to build up confidence in coping behavior. When somebody starts to take drugs; he can't give up initially because he thinks I am getting pleasure or pain killer (extra survival potentials) in life." Continuous abusing drugs makes him physically and psychologically dependent and can't give up drugs though he desires. The unethical assumption of the drug addict leads toward frustration, anxiety, guilt and conflict. Then the

stressor takes the drugs to reduce stress. The continuing process of taking behaviour becomes more worst but can't overcome and can't manage his life.

There are four components of the stresses. They are anxiety, pressure, frustration and conflict. We will discuss one by one in next topics. Now I am going to discuss about the dynamics of stress and drug dependency.

I. Arousal state (Energy Phase)

Drug abuser starts to see challenges throughout his horizon; tries to find out the quick solution but he can't find possible solution himself. He starts to seek the support of others and drug taking patterns slowly increase along with physical passivity. So, he searches the alternative easy solution in each event/job. His dependency starts in each activity, even though he has enough energy and time; may respond 'I am tired', busy. Please ! do this and help me. Next day I will do as you want." Slowly drug taking pattern converts from rare to occasional habituation. He feels, "No problem; I am ok ! I can manage next time." Family members start to suspect him and compel him but internally he becomes irritated. Starts to live with the certain people or almost lonely in room. Drinking/drug taking pattern becomes completely habitual seems gloomy and restless. Slowly the individual loses his trust and gaps in communication too. The bio-chemical functioning of the body mobilizes the essential chemical potential to reduce the toxicity of drug users body. The physical signs of stress do occurs in this phase; it means powerful body chemical energy reduces the toxicity.

II. Energy reduction state (Fatigue phase)

Gradually, the psychic or psychosomatic energy of a drug user's body can't win the battle of body toxicity due

to continuous drug intaking. So, physical effect appears along with behaviour problems. Appetite and sleeping patterns dysfunctions amazingly. Drug dependent seems losing or dragging by any extra force regarding substitutes. When individual starts from early morning and ends up to night; he is afraid of his sleeplessness and doesn't desire to reduce the optimum level of drug/alcohol trip. Internally, he feels having hollow, low energy in his body. Perceives everywhere margins made by others where he is receiving suffocation and no more spontaneous. Increasing need of drug creates moral and financial problems. Society recognizes him as a drug user, family starts to reject his request and he feels finally nobody in the world. He feels loneliness in thinking, personally restlessness in mind and fatigue in his body; himself a burning red flame. He loses the complete creativity and personality dynamics.

III. Burn out phase (Prolong stress phase)

Drug dependent stops to respond in this stage. If he responds, only sees the face of the people living with him, rarely responds with people. He feels tired but internally restless, likes to live alone or only with limited persons. The person who is suffering from stress, drinks alone. Nobody can convince him, neither touched by the cry of family. Survival becomes extremely difficult. Loses the memory and concentration, hopelessness and helpless feeling directly lead again and again drug taking but the drug resistant power of the body becomes very poor. A little amount of alcohol makes him black out or in drugs causes individual start vomiting early in the morning. Appetite pattern decreases amazingly. He feels excess pain in his intestine or chest or head. Family members may take him to the hospital but the doctor cannot find out any major complications. Finally, hallucination and illusion may occur in his sensation, afraid of alone living.

starts to talk alone. He can't control his body without using drugs; body organ vibrates due to motor incardination and in any other drugs case he can't do normal functioning e.g. brushing teeth, going to toilet, picking something. He can't laugh in any fantastic situation due to excessive self pity and finally becomes physically thin and mentally depressed. There is high risk of suicide in this phase by taking over doses of drugs.

There are various types of stresses given below:

1. Achievement stress.
2. Academic stress
3. Self-concept stress
4. Self-actualization stress
5. Physical stress
6. Social stress
7. Role stress
8. Institutional Stress
9. Family stress
10. Financial stress
11. Vocational stress
12. Superstition stress
13. Existential stress

According to Ranganathan (1995) the major symptoms of stress are given below :

I. Nervous reflexives:

Biting nail, clenching fists, clenched jaw, drumming fingers, grinding teeth, hunching shoulders, picking at facial skin, picking skin around fingernails, tipping feet, and touching hair.

II. Mood change:

Anxiety, depression, frustration, inappropriate anger, helplessness, impatience, irritability, excessive worry or excessive day dreaming and fantasizing wishing he was elsewhere.

III. Illness:

Back pain, headache, margarine, muscular ache and pains, skin rash, insomnia, digestive disorder, asthma, sexual disorder and hypochondria.

IV. Behavior change :-

Aggressive, not eating or eating too much, emotional outbursts, over reaction, talking to fast or too loud, constant harping on personal failures or short-comings, constant reference to death or suicide, missing appointments and deadlines, confusion, difficulty in getting along with other people.

Different types of stresses had been mentioned above, now the major stresses of drug dependents are given below:

Physical stress:

The nature and effects of stress are physical as well as psychological too. The physical(biochemical) changes effect in psychological environment and the psychological changes effects in physical conditions. 'It consists of a complete chain of physical and bio-chemical changes involving the reactions of the nervous system and any other organs to alter the chemicals. As a result, the body goes on 'full alert'. In response to stress, it increases the production of hormones such as adrenalin. Along with increasement of rate, oxygen intake and blood flow to the muscles to provide the individual, energy and clear thinking. When the challenge

has been fully met, all the organs begin to relax and return to normally' (Ranganathan, 1995, p. 136). Barbara Ferrel (1993) stated that "when the body evokes the "stress reaction" for prolonged period of time in response to long-term stressful situations, the result can be devastating to physical and psychological health. Stress has been implicated in heart disease, hypertension, ulcer, depression and numerous other disease. The figure of stress cycle is given below.

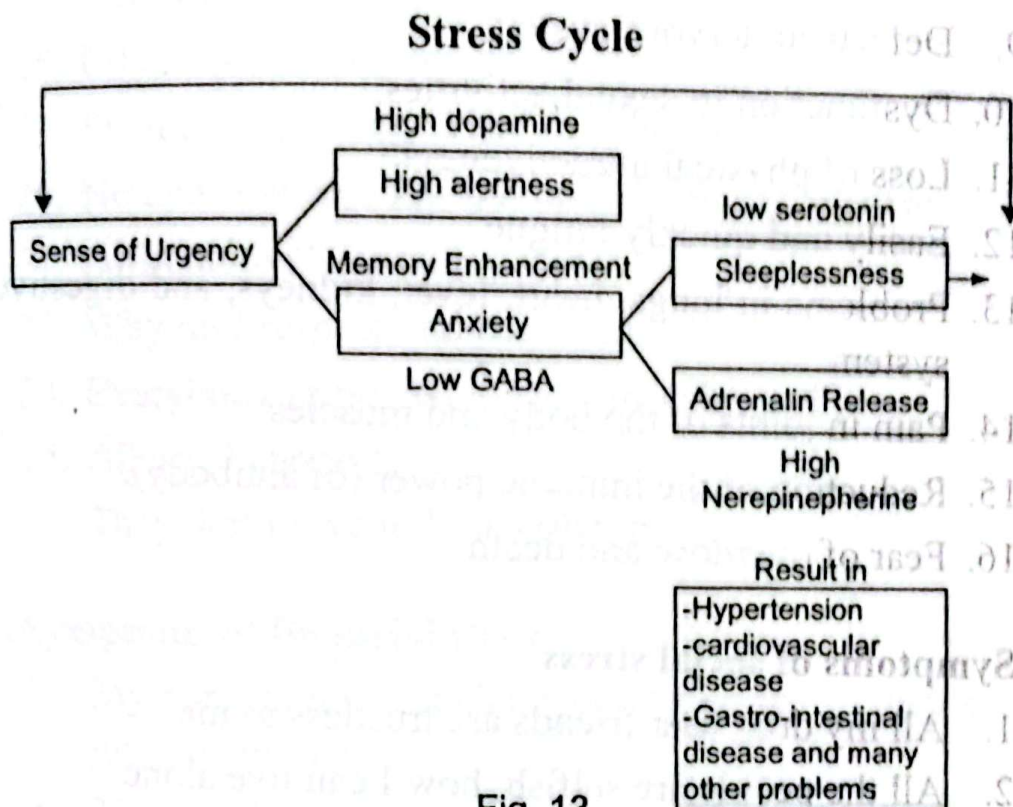


Fig. 13

Physical stress among drug dependents are more excessive than any other non drug user people. The alteration in bio-chemical function of the body badly affects by taking drugs. The major symptoms of physical stress among drug dependents are as follows:

Symptoms of Physical Stress:

1. Pain in back bone, neck and throat.
2. Motor incoordination and vibration on limbs.
3. Decreasing sensation, e.g vision, auditory, smell and taste.

4. Decreasing appetite and less importance in nutritious food; body becomes completely thin and energyless.
5. Wounds on the body due to accident and fight.
6. Changes in skins colour and skin disease.
7. Complaints about health hygiene.
8. Normal dose of medicine can't work when the individual suffer by any other disease.
9. Defects in nervous system.
10. Dysfunction in sexual activities.
11. Loss of physical attractiveness.
12. Easily and quickly fatigue
13. Problems in lungs, heart, lever, kidneys, and digestive system.
14. Pain in joints of the body and muscles.
15. Reduction of the immune power (of antibody).
16. Fear of overdose and death.

Symptoms of social stress

1. All my drug user friends are trustless to me.
2. All the people are selfish, how I can live alone.
3. I don't need society because they don't cooperate me.
4. People are only peeping my weakness.
5. Secret and suspicious world is trying to revenge me.
6. No where God, no religion; then why doing drama of spirituality ?
7. People laugh with me and hate me without my fault.
8. No worth visiting people and communicate them.
9. All enemies and cops (police) are following me.
10. Nobody knows me and no worth making relation.
11. Social service is only issues of exploitative people.

12. No pleasure in games and no entertain without taking drugs.
13. Anger with one's own teacher and close relatives.
14. A child is the outcome of sexual intercourse of parents, no one is responsible.
15. People bow down in front of cruelty and aggression.
16. What I do, for my do.
17. If they hate, I hate all.
18. Life runs with arguments.
19. Enemies are living in my own home.
20. No one concerns me and nobody appreciates me.
21. Difficult to share with people.
22. Why do I respect and beg excuses?
23. Everybody criticized me and is jealous of me.
24. All are dishonest.
25. They don't love to live with me.

Symptoms of financial stress

1. My parents never understand my desire so they don't give me money.
2. They don't count their expenses and done by other family members but prejudice with me.
3. Every pleasures are with money.
4. Mistrust and threat due to stealing and pick pocketing.
5. Everybody are talking about money and relax but how unlucky I am, its better being without parents.
6. Gradually, my friends stopped making relation with me due to my empty pocket.
7. Neither I am asking for clothes, nor I am affording to my education. Then what differs them providing me a

little bit money ?

8. Compulsive thinking about money with unfulfilling scarcity.
9. People scold as a thief, so I have changed the way.
10. How to dismiss the last case about money, e.g. deposited good, stolen from home, jewelries, credits of dealers etc.
11. Why don't my parents divide their property ? Its better living along taking my own part of property.
12. It's better smuggling and black mailing them facing problems.
13. Always sharing friends rejected me; how do I cope ?
14. If only I were a billionaire !
15. All friends are taking money from their own home but I am unlucky.
16. My aggression is the cause of my parents' money mindness.
17. All my relatives are greedy and worthless.
18. All have respect for money, I don't have. So, I am being victim.

Existential Stress in drug dependents

The meaning of 'existence' is hope of life in existing condition. Existence does not concern only about existing condition. But superficial and materialistic pleasure. The more priority in the essence of independents practical aspects of human life and the level of satisfaction physically, psychologically, socially and spirituality. The idealistic in own thought and action, the concept of humanity, emotional satisfaction and judgmental capacity of truth about existing world determine the human existence. Consciousness and conscience equally runs together in human life, which keep the people in real world; because human life is practical, no

more hypothetical. Human life doesn't run only by the grace of God and the fate of previous life but human existence based ethical original self freedom correlating with communal acts and intuitive feelings within existing situation. When a person suffers from preoccupied mind, introvertness in his personality traits, loses the identification in society, forgets the reality and reduces the level of realization, striving only for impossible "power and dignity" he may be reduced the level of tolerance. Individual suffer from disappointment, anxiety, frustration and conflict in self realisation as well as his human responsibilities. He feels self defeating in his own society and loses the worth of survival; self emptiness comes obviously along with the absence of belongingness. This vulnerable internal environment due to the external pressure is called stress in existence. In one sentence, the traumatic state of human living value in real human society is existential stress. According to Bisht (1987) types of existential stress are 'aesthetic, religious, ethical, human finitude, guilt meaninglessness and loneliness'.

The cause of existential stress among the drug dependents are mainly family incooperation, social rejection and self isolation, increasing economic problems, poor physical health, lack of vocational identity, dysfunctional self concept and compulsive nature of drug taking. The increasing use of drugs, never fulfilling demands of money, unbearable tension due to external pressure are the root cause of existential stress; being stressful he can't find out any other possible solutions to get rid of stress and can't cope with the situation. Ultimately only drugs/alcohol becomes the way of coping with stress and the process runs forever. The major affecting components of existential stress in drug dependents and probable symptoms are given below :

Table - 11

The symptoms of existential stress of the drug dependents:

Poor physical state	Negative Emotional State	Inter Personal conflict	Social pressure
1. Pain in neck, backbone, chest, joints and muscles.	1. Tension, frustration, anxiety and conflict.	1. Communication gap.	1. Pressure to use drugs by friends
2. Thin, energyless body.	2. Low confidence and self esteem	2. Gang fight and arguments.	2. Rejection and mistrust by society.
3. Dysfunctions in appetite pattern.	3. Strong resentment.	3. Lack of belongingness.	3. Legal pressure and police arrest.
4. Difficulty in sensation.	4. Feeling of hurt and grief.	4. Misbehave self and others.	4. Social criticism
5. Loss of memory.	5. Shame of misdeed.	5. Irresponsible and unrespected status.	5. Norms and values in society saying Junky and Twake.
6. Loss of sexual performance.	6. Depression	6. Separated/ divorced or nominal conjugal life.	6. Family domination.
7. Wounds and scare in the body	7. Boisterous (erratic)	7. Suspicion in behavior.	7. Prejudice and discrimination
8. Physical unattractiveness.	8. Helplessness, hopelessness and isolation.	8. No earning/No identity, no relation.	8. Loss of social dignity and power.
9. Quick fatigue.	9. Impatience.	9. Role confusion.	9. Pressure to return beging money.
10. Problems in lungs, heart, lever, kidney and digestive system.	10. Pessimistic	10. Uncompetitive and self defeated.	10. Lack of courage and cooperation.
11. Overdose of drugs and toxicated body.	11. Rude and moody	11. Dishones and selfish.	11 Unwilling control and grand designing
12. General illness eg convulsion, nail biting, stammering, convulsion and fits.	12. Fearful and sensitive	12. Dishonest and selfish	12. Blaming as a destructive, smuggler, thief etc.

Research about existential stress:

A research (pilot study) was conducted by the writer among the drug dependents in existential stress. N=44 in which 22 adolescents and 22 adult drug dependents who were poly drug user living under treatment process. Existential stress was measured by using Bisht Battery scale. It was found that adult group had more stress than adolescent group, which was significantly different at 0.01 level. The component of stress were analyzed between two groups which was significantly different. Table is given below.

Table - 12
Comparison of the components of stress:

Stress dimension	Adults (N = 22)			Adolescents (No = 22)			Mean Differences	T-Ratio
	Components	Mean	S.D	Components	Mean	S.D		
Frequency	Pressure	41.59	6.83	Pressure	37.59	6.45	4	.00
	Frustration	33.70	6.92	Frustration	29.45	6.14	4.25	.00
	Anxiety	23.57	6.68	Anxiety	20.06	5.98	3.51	.00
	Conflict	28.88	6.14	Conflict	26.16	6.25	2.72	.001
Amount	Pressure	42.17	8.12	Pressure	37.47	6.49	4.7	.00
	Frustration	33.82	6.05	Frustration	29.39	5.77	4.43	.00
	Anxiety	23.81	7.34	Anxiety	20.24	6.79	3.57	.00
	Conflict	28.96	6.84	Conflict	26.00	6.28	2.96	.00

t is significant at $p < 0.01$ level

The table showed the frequencies and amounts dimension stresses were divided into pressure, frustration, anxiety and conflict. Both of the groups (adult and adolescent) were suffered by existential stress in each components of stresses. Adults were severely affected by social pressure than adolescents, whereas mean difference in pressure was 4. Frustration in their life was comparatively high in adult group and mean difference in frequency dimension was 4.25 and Amount of pressure dimension was

4.43. Existential anxiety due to failure was high in adults, the mean difference was 3.51 in frequency and 3.57 in the amount of the anxiety. Self conflict and confusion was higher than adolescents in adults; even though, they were matured. So, the duration (period) of suffering also develops the role of confusion in drug dependents. Mean difference in conflict was 2.72 in frequency dimension and 2.96 in amount respectively. It proved that cent percent of the drug dependents were suffering by existential stress but not only by drug dependency and duration of drug crisis leads them toward more existential stress.

Stress reduction (management)

Reduction of stress is possible but can't be successful over single night because it is the outcome of whole sufferings (pain) of life which were piled up on the mind and affecting physically as well as psychologically. Some clues are given below :

a. Share the feeling

Sharing is the process of refreshing. So, in each community meetings of treatment centers encourage the dependents to ventilate their feelings, support them to make self help group where they can share their repressed feelings easily. The family members should have to listen them but never try to compel them listening your intellectuality. Alcoholic anonymous/Narcotic Anonymous may be helpful to share their feeling.

b. Never practice over blasting

In Nepalese drug treatment and rehabilitation centers, blasting is a main tool of treatment; drug dependents are severely suffering by stress, when we practice it daily it may lead over either cruelty or depression.

c. Entertainments

They need enjoy without taking drugs. They may learn the real pleasure and in another hand reduce the level of stress as well as balance the emotions.

d. Practice them in self correction

Self recognition, self acceptance, self attitude correction, self tolerance (patience) and self awareness, are the major self healing techniques.

e. Maintain good physical state

If they have poor physical state, consult with physicians and provide treatment. In general cases, yoga, PT, meditation, relaxation and simple exercise help them to keep their body healthy, provide them nutritional food, enough sleeping and keep them in healthy environment.

f. Identify the real need and establish the support system:

Really, drug dependents are confusing in role behavior which effects their overall integrity of behavior patterns of their own family and society but the society accuses them a social problem. Put your hand on your heart and think, they are hopeless from their own life and helpless from their society. Establish, family cooperation, and create a possible source of hope according to his recent need; where he can get satisfaction and social acceptance. Never demoralize and don't compare with any other people because drug dependents are very weak in coping ability and encourage them to built healthy inter personal relationship.

Prescribed treatments:

Primal Therapy

Rational- Emotive Therapy

Reality Therapy
Transactional Analysis
Music Therapy
Meditation and relaxation

CHAPTER 10

DRUG DEPENDENCY AND SEXUAL PROBLEMS

Sex is a physical game for entertainment between two partners for psychological satisfaction. It depends on the psychological aspects, physiological status as well as environmental learning of the partners. Drug dependents and their sexual disorder is hypo sexuality; where the chemical dependents can't perform the sexual behavior and entertain their life properly that is called sexual dysfunctions.

Why do drug dependents have sexual dysfunction ?

There are various reasons that the drug dependents suffer from the sexual problems. The major problems are impotency in male and frigidity in female. Drug dependents can't perform warm sexual activities due to chemical effect and mood disturbance. Sexual behaviour problems of drug dependents are phasewise given below:

a. Elaboration of counter part behavior between two partners:-

Naturally, drug dependents seem irritate in their behavior and mood. The quick embarrassment nature of the dependent can't maintain copulatory behavior e.g. lovely eye sight, smiling, gossiping in fantastic way, take patience for next dating, purposing for life partner and provide company for long term without chemicals. Most of new lovers desire to roam together, shopping together, eating

together and share their ideas and future plans, hobbies but a common weakness of chemical dependents is powerlessness in drugs. Even they purpose, they can't keep it long last or terminates due to misunderstanding.

b. Countership behavior :

Countership behavior refers to the sexuality excitability behavior and postural adjustment. The poor physical condition of the chemical dependents don't support in their sexuality. In another hand swing mood, tension, frustration, fatigue directly decrease the sexuality. The loss of sexual curiosity and interest sublimates thorough the drug taking pleasure. Exposure of sexual behavior fixes in oral pleasure. Repression of genital behavior displaces in oral function. Libido can't work properly. Genital organs stop facilitate or stimulate the sexual arousal and sensory deprivation decrease the sexual desire decoding previous sexual experiences. Sexual attitude toward mate irrationally converts in resentment or sadistic sexual patterns. Continuous craving or withdrawal compels them taking more drugs and indulge in sexual activities; it completely collapses the natural sexual confidence.

c. Genital reflexes and ejaculation :-

Hormones determine the sexual behaviors and pituitary glands determine the secondary sexual characteristics. Chronic use of drugs and alcohol effect in pituitary glands and the size of breasts; which increases in male and decreases in female. There are two types of hormones androgen and estrogen. Androgen is a male hormone and estrogen is a female hormone. Pituitary facilitates both of the hormones are egg and sperm for sexual desire. The common problems of stimulation of hormonal activities effects to the chemical dependents sexual

performance. Inhibition of testosterone due to chemical effects of male drug dependents leads towards impotence. Follicle stimulating and lutenizing hormones in female inhibits by the excess use of chemical and effect in their menstruation cycle as well as reduction of the sexual heat which is called frigidity.

Neural mechanism plays a prominent role in sexual behavior. Many researches have been concluding that hypothalamus and the mid brain are responsible for estural of sexual behavior. Daily abuse of drugs and the alteration of chemical functioning of hypothalamus are the major causes of sexual dysfunction in drug dependents. Secondly, spinalcord mediates the sexual behaviors and erection of genital tissues (vasocongestion in female and erection of penis in male) which are directly associated sexual sensory and arousal of sexual excitement; chronic use of chemical initially effects in sexual sensation, then excitement due to alteration neuro-chemical functioning. The quick fall of sperm in sexual intercourse of abstinence (recovering) person is the cause of over sensitivity.

Ranganathan Research foundation (1996) concluded these sexual effect due to alchol.

Early Phase

Release of inhibition

Increased aggression

Increased desire

Increased arousal

Control of premature ejaculation

Decreased penile tumescence

Middle Phase

Table 13: Effects of drugs in middle phase

Moderate dose	Large dose
Longer fore-play	Impotence both erectile and ejaculatory
Increased time for erection	Disregards for social norms.
Difficulty in maintaining erection	Unpleasant ejaculation
Uncertain orgasm	Aggressiveness
Decrease penile tumescence	-

Chronic Phase

- ☞ Decrease testosterone
- ☞ Loss of sexual satisfaction
- ☞ Erectile impotence
- ☞ Loss of libido
- ☞ Breast Development
- ☞ Decreased body hair shrivelled testicles.

Effects of drugs in sexual functioning:-

Types of Drugs

Narcotic Analgesics:-

Sexual Problems

Sexual frustration, self humiliation, erectile problems, dissatisfaction with sexual partner. Female lose the sexual attraction e.g. pale chicks, deem non-charming face, reduction of hips and breast. Feels inadequate in orgasm in female cases, reduction of vasoconjection which leads sexual dissatisfaction and confusion in sexual need.

Simulants:-

Loses the counterpart behavior,

Loses the degree of excitement, loses the ejaculation, sexual aggression and sadism due to emotional impairment, finally, frigidity in female and impotence in male.

Depressants:-

Loss of willful ejaculation, loses the countership behavior, declines the sexual interest and performance. Feels sexually rejected and maladaptive, role confusion in heterosexuality. Unrealistic desire of sexual pleasure which never matches with gratification. Regardless sexual obsession but inadequacy in sexual performance.

Cannabis:-

Effects in sexual characteristics. Decline androgens and leutinising hormones. Reduces the amount of sperms and its mobility.

Recovery and sexual problems :-

Recovery is a process to occur original state of physical, psychological status as well as adoptive social behavior. Maintaining natural sexuality is related to recovery caused by bio-psychological defects. The major psychosexual complexities of chemical dependents are sexual aggression (sadism), sexual frustration and guilt feeling, mistrust about sexual partner and poor marital relationship. Anxiety and stress of external events which directly effects in sexual activity of the drug dependents. The psycho-neurological complexities have described above. The major problems are given below.

Impotence and Frigidity :-

Bio-psychological causes of the drug dependency defects maintaining sexuality long lasting as the desire of a couple because of the inhibition of erection. So, chemical dependent seems sexually humiliated that 'I couldn't satisfied her/him, what a neutral (HIJADA) I am ?' In such conditions, recovering person gets only two alternatives. Taking chemicals for short term sexual satisfaction or being an impotent person for certain time. Most of the recovering desire to get relief of sexual frustration taking chemicals and becomes again chemical dependent. The individual thinks to increase the sexual satisfaction and self comfortable of his sexual intercourse with chemical momentarily but the continuing process leads into impotency. In female cases, chemical defects on follicle stimulation and the functioning of luteinizing hormones; which directly effects on menstruation cycle of women and fertility. Substance effects in the production of ova and vasocongestion process and stops sexual maintaining (heat)' all sort of effect leads frigidity.

Pre mature ejaculation

Premature ejaculation is quick fall of sperm without wish of the sexual partners. Major causes of premature ejaculation are hidden sexual desire, hostile nature of sexual foreplay and immature squeezing techniques of the sexual partner, over sensitivity of sexual intercourse and preoccupied mental set between sexual partners. Mutual cooperation is necessary to control this problem by forcing counter part and copulatory behavior but not directly genital foreplay. Almost of the drug dependents and abstainers suffer from premature ejaculations and takes drugs regarding this problems. Now, certain techniques which is called 'squeeze technique' 'stop and start' techniques for sexual intercourse.

Don't be horrible for sexual pleasure because your sexual partner's genital organ won't fly or disappears. If you have early fall problems change your thinking into any other events or person until subsiding your problems, if you feel again problem, start counting the number of squeeze given by you and try to keep it long as far as possible. Take a certain time (half seconds) time between stopping and starting gap in sexual foreplay. Immediately, individual may feel bored but when you will practice, it becomes spontaneous. Ranganathanan stated 'the squeeze technique involves the female placing her thumb on the interior surface of the penis and the fist and second fingers at the exterior penis surface immediately adjacent to one to another or either side of the coronal ridge. Pressure is applied by squeezing steadily the thumb and the two fingers together for three four seconds. This would immediately result in the loss of urge to ejaculate, he may also loose 10 to 30 seconds after releasing the applied pressure to the coronal ridge area of the penis and then return to active penile stimulation. Again when full erection is achieved the squeeze technique is reinstituted. Altering between period of specifically applied pressure and reconstruction of sexuality stimulative techniques, a period of 15 to 20 minutes of sex play to be experienced without a male ejaculatory episode.

Extra Marital Relationship and Health Hazards :-

Chemical dependent's marital life is full of conflicts. Holding resentments, unnecessary arguments, immoral sexual blaming and self sexual frustration are the major issues of poor marital relationship between the chemical dependent's partners. Regarding the poor judgment and rigid behavior they neither forgive others nor they forget the dark past. They imagine their partner is not sexy or not fit with themselves. Sexual offer and affairs goes toward other, and

the suspicious nature of the co-dependency makes vicious issues of relation collapse. Extra marriage is not allowed legally; so, starts to keep girlfriend (married/unmarried) beyond the house; which creates problems. The person who are unmarried and separated they seek quick way of sexual gratification and with prostitute which invites themselves of health hazards of HIV/AIDS too. A ever fact between drug dependent's couple vigourously suspicious about the sexual character of their own mate which is the major cause of conflict between couples.

Treatment

PLISSIT model is useful for chemical dependency and alliviation sexuality problem.

Permission Giving :- Share the feeling of sexual problems. Organize one day programme 'ask in basket' session about sex related problems.

Limited information : Provide information about sexual dysfunction, group therapy, individual counseling, and family therapy.

Specific suggestion :- Provide the techniques which are described above, copulatory behavior, countership behavior, and squeeze techniques.

Intensive therapy : If necessary by the professional.

Prescribed treatment :-

- Group therapy
- Rational emotive therapy
- Psychosexual therapy
- Family therapy
- Behavioral therapy

CHAPTER 11

DRUG DEPENDENCY AND CHARACTER DEFECTS

The deceitful nature of drug dependents generate character disorder which directly leads into psychopathic personality. Major causes of character defect are emotional imbalance, progressive nature of chemical dependency and negative attitude guided actions of the dependents. The compulsive thinking and drug taking behavior of a chemical dependent runs together with her/his impulsive tendencies of behaviors. Inharmonious social relation breaks the reality of socio-cultural values and the way of spirituality. Finally, becomes normless in existing society who performs rude and antisocial behavior. Self constructive nature and cognitive aspect of the dependent collapse by the drug patterns due to poor judgmental capacity and uncontrollable susceptible nature. The irrational 'Id' guided behavior repeatedly occurs throughout the behavior structures and loose the patience and humbleness to others. Self center destructive nature of a drug dependent becomes self vulnerable and effects to others traumatically. Almost of the drug/alcohol dependents suffer from neurotic tendencies which compel him/her in a maladaptive character. The major character defect of drug and alcohol dependents are given below.

1. Irresponsible

Almost of the drug dependents try to escape from

the reality of their responsibilities. Irresponsible in job, house works and social works which occupies a multi-dimensional aspects of self development. A person can't be a responsible father, son, and good job holder; If he/she indulges in drugs/ alcohol continuously. Selfish and manipulative nature of drug dependent magnificently leads toward incapable and dishonest manner bearing responsibility.

2. Family arguments

The irrational or unethical thoughts of a drug dependent ruin him/herself viciously that he/she never evaluates his own behavior patterns correctly. Poor judgmental capacity of a drug dependent seems himself always right and blames others having faults. Socio-ideological boundary of core psychological phenomenon of drug dependents dismissed by the normless drug subculture and cognitional aspects becomes weak due to unethical assumption; which creates a divesting gap between drug user and family. Finally, family argument develops in the progressive nature. The nature of alcoholism is always suspicious about his wife's sexual relation and immoral sexual intercourse. The female blames the husband about his immoral/asocial sexual mate. Apart from those events, family tries to stop drug related events or taking drugs which is never possible for dependents. This becomes major issue of family arguments. Excessive demand of money and unlimited desire of drug can't be maintained by family smoothly. Family members try to control but the dependent desires much more and becomes the core issue of family inharmony.

3. Unpunctual

First a drug user consumes drugs then the drugs and the drug user forgets the self and life. S/he stops eating

together with family, departure time becomes late, leaves schools, college. Late arrival and early departing as possible, lose the bus, train or plane already taken tickets; returns home late at night and untimely sleeping and eating.

4. Making excuses

Lying and making excuses are very common among the drug dependents. "I am not like low graded (PATUR) alcoholic and drug addicts. I have status, because of tension, I am using drugs/alcohol when it will be solved 'I certainly stop it' This is the saying of a drug dependent but can't stop drugs at any cost. Making excuses about party, new year celebration, death of somebody intimate, cold day, hot day, good Friday, planning of new project, family in cooperation, financial problems, tiredness, physical sickness, Dashain, Tihar, Christmas, new year, mood fresh etc. Those all are the excuses of talking drugs/alcohol of a drug dependent which makes trustless in family.

5. People pleasing and power play

Drug dependent/alcoholic seems expert in pretending any problem eg. bike accident, having serious health problems, that is why he needs money, some body betrayed him and seeking supports etc. They pretend having helpful character, obedient and very laborious to make somebody happy. When the individual achieves the expectation then immediately shows the exact nature of mistrust and kicking. For example gives somebody own motorcycle daily purposes, shares common clothes to make intimacy, works for others without money and uses the pleasing words (lip service). In another hand, to defend the reality and misdeed are other tools that is power play. I belong to rich and good socio-economic status, I have relation with ministers or my uncle, father has good relation with officers of the authority.

They play power contacting people, making letters, requesting somebody contact them about pseudo-facts. Pretending something else having something as the situation exactly and emotional blackmailing is the major tools of suffering drug dependents.

6. Money Grinder (DHANKUTE)

Money handling and misuses are vague problems of drug dependents because they only think about the possible sources of money but never about future financial improvement. They think only of next Puff, next fix and next peg but not for long-lasting future. Financial unmanageability will be described above. So, how much money does a drug dependent misuses within five years is given below. According to my research conducted in 2003, per illicit drug dependents per day expenditure in drugs is average Rs. 549.60/-.

So $5 \times 365 \text{ days} = 1825 \text{ days}$
 $1825 \times 549.60 = \text{Rs. } 10,03,020$ (Ten lakh, three thousand twenty rupees). This amount is completely misuse of money which invites only hazard but never useful.

7. Immoral

When there is an illicit drug dependent, itself an immoral work and its effects in social surrounding are infinitive before completely stopping drugs. The major immoral problems are: breaking the house rules, disciplineless, unnecessary arguments in rude nature, destruction of home e.g. Widow, T.V, cupboard, beating small children, threatening people, disobey the seniors, stealing from own home and relatives, blaming others, cheating, disturbing people at midnight, pick-pocketing from family members wallet, stealing ornaments and jewelries from own home, leaving home unnecessarily and giving torture to the family.

demanding money and threatening about murder, making antisocial sexual relation.

8. Criminal activities

Involvements in gangs to show up the gang power is common which is directly related with social violence. Making groups and stealing, looting, hijacking, smuggling and any other destructive criminal activities may be done by illicit drug dependents to fulfill the never fulfilling need of daily expenditure in drugs.

9. Normlessness (GATICHHADA)

The punk style of dirty clothes, long hair without care, odorful smells without bath, rough and rude manner, bad social relation, untimely eating and sleeping patterns, boisterous nature with abuse language, use of slang words, no proper places of living, no job, no responsibility, no rules, no morality, no objection about law, no decision and self judgment, no religion and spiritual practices refers the normless (GATICHHADA) character of the drug dependents.

Prescribed Treatment

- I. Attitude correction therapy
- II. Behavior therapy
- III. Cognitive therapy
- IV. Reality therapy

CHAPTER 12

DRUG DEPENDENCY AND FRUSTRATION

Illicit drug dependents' life is full of frustration due to absence of appropriate goal and confusion in self identity. Existence of addicted life always depends climactically, financially and psychologically. Lack of interpersonal cooperation and emotional immaturity they feel themselves full of tension, aggression and empty. The poor situational judgmental capacity and low coping ability of the drug dependent becomes internally restless with worthless existence. In such condition an individual takes drugs to conceive those peculiar feelings as a way of coping or pleasure.

Previous drug taking and present displeasures accumulate to produce quick gratification but unfortunately drugs becomes unavoidable and inevitably leads next dose of drug being frustrated. This is called powerlessness in drug dependency. Indifference behavior (discrimination) is the cause of detachment with family problems. Moreover, many families try to control the drug dependents locking in room, giving torture and threats too. In such condition the drug dependent finds no way to share his sorrow and ventilate it; again the she/he takes drugs for self healing. The illicit drug users have to face many obstacles e.g. financial management, drug hunting, suitable using situation etc. Those all the obstacles are to be kept secrets in spite of social criticism and fear from authority. Neither he finds interpersonal help for his gratification nor anybody gives sympathy for his

deprivation. So, he feels self imprisoned and seems hopeless and helpless. When the individual desires to set up the goal, his lower self confidence, poor adoptive nature and self unexplanatory crisis lead him toward unseen problem and can't escape from the insurmountable obstacles. Such interference of goal directed behavior pile up the quality of frustration and make substitutive or maladaptive reactions again. Frustration of the drug dependents can be divided into two segments. (a) Active need of existence by subjective dissatisfaction or tension. Drug dependent's survival runs along with chemical taking, this chemical life becomes the active essential component of life. Neither survival can imagine with out it and nor healing of day to day tension caused by internal or external causes. In spite of compulsive drug taking patterns individual may add any more tensions and frustration in their existence due to powerlessness. (b) The obstructive active need and desired goal are causes of frustration. Basically, a drug dependent desires any more doses of drugs again; this infinitive need joins with the life survival but always purchasing of expensive drugs is not possible. The risk of managing drugs, financial crisis and suspicious social relation may create the barrier in their active need. Even though the individual desires to escape from dependency, his craving and withdrawal compel to the same behavior and becomes barrier in goal setting. Finally, a drug dependent survive being full of frustration along with the sequence of addictive behavior and interference of active need. The major causes of frustration in drug dependency are given below.

1. Physical cause :-

The physical causes of frustration among drug dependents are sickness (withdrawal) signs. When they stop drugs they can't manage their motor coordination, sensation

and perception too. Alternation of mood, pain in muscles and joints, peculiar feeling of stomach pain, vibration on their limb. Scars throughout the body, wounds due to accidents, gang fighting, loss of memory, loss of sexual excitability, over doses of drugs and its chemical side effects and poor health conditions are the major cause of frustration.

2. Psycho-social causes :-

Social avoidance and antisocial behaviors are the causes of social frustration. The existence of drug dependents runs together with chemical along with the insecure social cooperation. The unreal thought of personal freedom and drug regardlessly dissatisfy the individual due to social disapproval of normlessness. The immoral or criminal acts of drug dependents e.g. stealing for drugs, fight for managing drugs and representing a powerful gang, smuggling drugs, unnecessary threaten and arguments, social mistrust due to misdeeds, violence, marital problems etc. creates the social frustrations. Especially, drug dependents suffer from adjustment problems; which are associated with illegal and antisocial misdeeds. Unfamiliarity; failure of social interpersonal relationship and poor achievement with inadequate belongingness becomes the greatest issues of frustration.

3. Cultural frustration

Most of the drug dependents seem aloof in religious values and dissatisfied with traditions but the society tries to accumulate in customs, own traditions and own code of culture or code of moral ethics. The major concern of drug dependents is drug subculture more than religious norms, rituals, feast and festivals. Cultural prohibition and permission becomes the irritating matter of barrier for a drug suffering person. Neither he/she can conduct as society nor becomes wild. Finally, he becomes normless living in his

own society. Persuasion, scolding, complaints by the society for a drug indulging person leads insecurity, social discomfort and isolation.

4. Failure in achievement :-

Drug dependents survive in their peculiar past and hopeless future but their present ruins in inadequacy. Remembrance of many failed events e.g. professional, interpersonal, educational, financial etc. The events always clicks them but the poor judgmental power of drug dependent can't find out the exact self weakness and blames others or situations. Self unfortunate or the unlucky person; which creates inferior complexities and self devaluation among them. Drug dependents are experts in assuming (dreaming) it directly creates a vast gap between expectation and achievement. The unrealistic aspiration of dependents becomes the intolerable failure and creates frustrations. On the other hand, chemical taking or abstinence runs through out the life of a drug dependent, many more attainments to stop chemical doesn't long last smoothly. So, abstinence of drugs and restarting of drugs association creates more drug crisis with frustration.

Frustration reactions

A frustrated drug dependent always carries preoccupied mind in each facet of his life. The weak personal (self) perception of a drug dependent never matches with the situational analysis. Individual, particularly suppress his personal feeling by under estimating the self inadequacy. He suffers from intolerable self created threats in spite of self vulnerability. Finally, avoid the external supports regarding his own violation principles which creates more frustration and more reactions too. The major reactions are given below.

Frustration Reaction



Fig. 14

Excessive inhibitions of frustration of the drug dependents evokes aggressiveness where they loose tolerance, logical power and judgmental capacity. The aggressive behavior of drug dependents can be divided into two parts. Violent behavior including immediate destruction and over humiliation of fundamental reaction with isolation. Hostility and impatience are the major behavior patterns of drug dependents. Rigid, erratic, refusal, apathetic, manipulative behavior tendencies are the causes of over frustration of drug dependents which significantly effects in drug taking behavior as well as the intensity of aggressiveness.

Day to day tension about drug management and money are the primary causes of frustration but family and social restrictions becomes a great obstacle of their desired goal. Unhappiness without drugs and compulsive obsessive nature of drug dependents make themselves restless, irritating, explosive and unstable emotions. Bearing unlimited tension becomes a way of taking drugs among the chemical dependents. The self suffering feeling of hopelessness and helplessness represent as incapable existence in reality; then try start taking unethical or assuming fantasy e.g. the life style as the hero of a film,

using drugs, quick earning by smuggling for luxurious life, romance, rock and roll, gambling etc.

Dealing with frustration

- a. Identify the source of frustration.
- b. Find out the types of frustration and reaction patterns (nature)
- c. Write down all your behavior and feeling daily and categorize them ethical/unethical, real/hypothetical, efficient/inadequacy and moral/immoral.
- d. Practice them to change negative to positive tendencies.
- e. Stop comparing others achievements and behavior, provide knowledge about frustration prevention and practice in open mindness.
- f. Evaluate your day to day actions and practice continuously.

Prescribed Treatment

1. Cognitive therapy.
2. Behavioral therapy.
3. Role play, token economy, and relax techniques.
4. Psychoanalysis.
5. Reality therapy/ self approach therapy
6. Laughing therapy/music therapy

CHAPTER 13

STATE OF ANXIETY AND DRUG DEPENDENCY

Anxiety refers to the feelings of threat combining with lower self confidence and poor self perception in stressful situation. An emotional state of mind suffering from fear and unhappiness and worries to face the problem is anxiety. So, anxiety is imagined internal fear to cope with imagined external threats. Drug dependency related anxiety is a little bit different than basic anxiety because of the chemical effects and physiological changes. Even though, drug dependent's anxiety seems unrealistic; associating with lower coping and negative defense mechanism, the major weakness is negative self perception and threats of self esteem. Physical uneasiness, self discouragement, and tensions about well being in social circumstances. The over sensitivity timely changes into fear or poor and makes victim of the real world. S/He compares with only other people, feel himself inadequacy pessimistically. The major symptoms of anxiety in drug dependency are given below.

Table 14: Symptoms of Anxiety

<i>Physical symptoms</i>	<i>Psychological symptoms</i>
I. Gloomy face	I. Loss of memory and concentration.
II. Joints and muscular cramps, dizziness	II. Feeling of uneasiness and inadequacy.
III. Sweating	III. Excessive tension and threats in self esteem.

continue

IV. Gastric problem frequent diarrhoeas and constipation.	IV. Terrifying experiences of mistakes repeatedly.
V. Loss of appetite	V. Problems in decision making .
VI. Sleep disturbance and difficulty in wake up.	VI. Upset mood and fre- quently worry about cir- cumstances.
VII. Pain in upper shoul- der or neck.	VII. Unrealistic expectation 'why me' ?
VIII. Cardio vascular change or increase the palpitation rate	VIII. Masochistic dreams.
IX Fatigue	IX. Dissatisfaction

The causes of anxiety in drug dependents are physical harms of drugs; unethical, immoral and criminal ways of money (financial) managements and imagined it's bad consequences. Powerlessness in dependency and daily inadequate behavioral problems may creates fear of existence. Drug crisis along with family/social arguments and fighting create the threats of social insecurity to change the way of violence and social pressure. The inner conflicted nature of drug dependents mentally suffer from unsolved problems. That's why they think they are the most unlucky person themselves. A question arises on their mind, why all misfortunes are coming only with me ? (WHY ME ?). A drug dependent finds only one way of healing his anxiety that is his choice of chemical to challenge with new problems. The substitutive thought comes obsessively and the activities come compulsively. Preoccupied mind 'no existence without using and no way of coping without taking drugs' becomes the principles of life.

The major thinking problem of drug dependents is anxiety problem where drug dependent may face troublesome pain as well as impulses tend to repress all those feelings which carries intolerable self hurts. The egocentric thought and poor judgmental capacity of drug dependents always perceive themselves victim in their survival of life and finally loose the existential potentialities. The major anxiety reacting techniques are given below, which indicates the addictive traits.

1. Negative thought towards others:

Drug dependents always seek others' attention towards self, like to be excessive affectionate and ever sympathy. Always acceptance of their imagined behavior are not possible in reality then the drug dependent starts making complains about others. 'All are ok, but they are misbehaving me; they must be planning against me.' 'I don't need all' 'no one tries to understand my feelings.'

2. Desire for appropriateness:

A common belief of drug dependents 'I need attention and excessive love which must be appropriated, appreciative to me'. Satisfaction of reality based activities are impossible which seem meaningless themselves. Over predicting and assuming about the negative consequences and ambitiousness about approval of others desires the admiration but can't be fulfilled easily. So, behavioral reactions of drug dependents seems full of arguments in each step combining with imagined inadequacy. The self inappropriate situation (challenges) seems danger of security and says 'no one understand me'.

3. Hostility

Anxiety of the drug dependent creates threat of

balance in self functioning and perceives barrier everywhere. Regarding this matter, 'people are blocking me', controlling unethically and the whole world is against me' comes into his mind. They can't realize their own mistakes easily. Moreover they criticize others but desire the appreciation in simple criticism. Others are doing this and that wrong but never think about their own critical condition being crazy.

4. Momently superiority and Inferiority :-

Most of the drug dependents desire to subside their anxiety by avoiding the painful consequences, by making excuses or acting out with the situation, but try to hide their pain being confidential. Labeling self behavior and pretending a good manner in comparison with other by rationalization is the major characteristics of drug dependents. They may show up situational behavior according to the nature of people for easy escaping from real problems or admiration. When they find a general clue of loyalty and appreciation they immediately show up the grandiosity behavior at the same moment. When there arises a big problem respond 'I know nothing'. They might loose the problem solving capacity pretending nothingness. Analysis of the anxiety behavior patterns of drug dependents showed that they bear significantly opportunist behavior than any other non drug dependent people due to superiority and inferiority complex behavior together with.

5. Humiliation :-

A chemical dependent never satisfies with any thing/ event than chemical. On the journey of suffering life any one of the dependent has to face with many failure, self-devaluation and moral panic. A drug dependent almostly feels unfavorable situation and time forever until stopping drugs. Dissatisfaction of life and failure in desired goal ultimately

makes him/her feel humiliated. Due to the feeling of personal inadequacy a drug dependent always pressures others to make him/her feel humiliated as him/her because of anxiety defensive behavior of dominating tendency.

6. Self inhibition and irritation:-

Identity confusion of drug dependent does not last long upto longterm desire goal and failure in achievement creates irrational tendency of attainments (efforts). Such failure along with progressive nature of drug taking behaviour converts into self inhibition e.g. loss of self confidence, self esteem, self realization and self identity. Finally, they can't cope with any problems and avoiding/escaping tendency may develop; which is responsible for self defeating perception is more hazardous and challenging to victimize them; that is why they show up irritation for avoidance of problems. Slowly, such behavior occurs as the habit and repeat continuously for immediate relief from self problems.

7. Depression :-

The repressed thoughts and fear of daily existence simultaneously develops the conflict for the survival among the anxiety suffering persons, where additional drug taking evokes irrational tendencies of depressive symptoms. Frequently, tension, threats, conflicts, poor self esteem, unbearable drug craving, terrible ache and pains may lose the level of existential capacity in external world and suffers from depression.

Dealing with anxiety :-

1. Share your feelings as much as you can.
2. Search the possible solutions but never search the problems created by others.

3. Identify your cause of anxiety and find out that is realistic or not.
4. If it is realistic try to face with problems, don't get afraid of problems. Accept the problems as the problems.
5. If it is unrealistic, It is not intelligent to carry self anxiety; avoid the problems and go on.
6. Every body in this world are challenging with the problems. So, never compare with others. If you desire to compare with other see the more problematic than you are and take lesson. Think that you are responsible to create your problems and solutions too.
7. Never try to change others, change yourself. Forget the past, what happen - happened but took lesson for present and don't imagine about future which is uncertain.
8. Don't hesitate to ask for help and practice in openmindness.
9. Forgive self and others. Don't run in feelings but practice in reality or action.
10. Accept the life as life term where pleasure and pain runs together.

Prescribed Treatment

- I. Laughing therapy
- II. Relaxation,therapy
- III. Behavior therapy
- IV. Psychoanalysis (Free association)
- V. Reality therapy
- VI. Primal therapy

CHAPTER 14

ADDICTIVE PERSONALITY

The word 'Persona' came from Greek word which means 'mask', external appearance or possession of role playing in drama. The philosophical meaning of personality is related with self; e.g. self consciousness, ideas of perfection, supreme personal values, physical fitness, temperament, self controlling capacity and dynamicness. The juristic concept of personality focused on individual's legal status, incorporating group status and the loyalty of unity in the community. The sociological definition of personality by Burgess, E.W. (1930) "personality is the integration of all the traits which determine the role and status of the person in society". Bio-social definition of personality focused on mimicry and superficial attractiveness with social stimulus value. Psychological definition of personality is related to personal qualities. "Personality is the sum-total of all the biological innate dispositions, impulses, tendencies, appetites and instincts of the individual, and acquired dispositions and tendencies acquired by experience" Marton, (1924). Warren and Carmichale (1930) stated personality "the entire organization of human being at any stage of his development". Focusing in character and adjustment kempt, F.J. (1921) stated "the integration system of habits that represents an individual's characteristics adjustment to his environment" is personality. Distinctiveness in the personality is the key issue. Schoen, M. (1930) defined "personality is the organized system, the functioning whole

or unity of habits, dispositions and sentiments that mark of any one member of a group as being different from any other member of the same group". "Personality is the dynamic organization within the individual of those psycho-social systems that determine his unique adjustment" Allport (1968)

Personality traits determine the quality of behavior, way of thinking and personal attribution "Murphy (1952). He stated that, a trait is "any thing by means of which one person may be distinguished from another." In the same way James Drever (1952) stated in the dictionary of psychology that trait is 'an individual characteristic in thought, feeling or act inherited or acquired.' A trait study of drug dependents was conducted by the writer (me) in 2004. The persons who were living under the drug dependency treatment programme in different drug treatment centers of Nepal. Self observation check list were proceeded (N=400) to the drug dependents. Major objective was to find out the personality traits of drug dependents. Major personality traits were collected and analyzed in positive versus negative traits and calculated in percentile.

Table 15: Addictive Personality Traits

Negative	Positive	Negative	Positive traits
1. Liar (92%)	Trusty (8%)	51. Wild (46%)	Civilized (54%)
2. Dishonesty (Deceit) (86%)	Honesty (14%)	52 Perfection seeker (87%)	Innovative (13%)
3. Impolite (73%)	Polite (27%)	53 Irrational (77%)	Rational (23%)
4. Passive (89%)	Active (11%)	54 Hopeless (53%)	Hopeful (47%)
5. Careless (59%)	Careful (31%)	55 Unreliable (66%)	Reliable (34%)
6. Backbiting (78%)	Frank (22%)	56 Unsociable (33%)	Sociable (67%)
7. Immoral (68%)	Moral (32%)	58 Anxious (82%)	Cool (18%)
8. Destructive (72%)	Constructive (28%)	59 Unobedient (91%)	Obedient (9%)
9. Irresponsible (93%)	Responsible (7%)	60 Uncontrolled (78%)	Self Controlled (22%)
10. Sadness (99%)	Happiness (1%)	61 Moody (93%)	Calm (7%)
11. Absent mindedness (89%)	Openmindedness (12%)	62 Dependent (65%)	Independent (35%)
12. Cruel (brutal) (68%)	Kindful (32%)	63 Crises-Oriented (94%)	Value oriented (6%)
13. Selfish (78%)	Helpful (22%)	66 Criticism (97%)	Affirmation (3%)
14. Self dissatisfy (91%)	Self satisfy (9%)	67 Animosity (58%)	Attentiveness (42%)
15. Hostile (84%)	Competitive (26%)	68 Condemnation (88%)	Compassion (12%)
16. demanding (95%)	Sacrifice (5%)	74 Receptive (93%)	Productive (7%)
17. Self centered (76%)	Reality centered (24%)	75 Isolation (86%)	Inclusion (14%)
18. Threatening (89%)	Lovely (11%)	76 Exploding (89%)	Servicing (11%)
19. Proudly (74%)	Sincere (26%)	77 Manipulate (84%)	Transparent (16%)
20. Rude (88%)	Sober (12%)	78 Vulgar (92%)	Polite (8%)
21. Irritating (82%)	Joyful (18%)	79 Concernless (81%)	Alert (19%)
22. Misconduct (93%)	Conduct (7%)	81 Nervous (88%)	Enthusiasm (12%)
23. Domination (89%)	Respectful (11%)	83 Emotional instability (96%)	Emotional Stability (4%)
24. Denial (avoidance) (78%)	Acceptance (22%)	85 Cautious (92%)	Adventurous (8%)
25. Rigid (86%)	Compromising (14%)	86 Tense (87%)	Relax (13%)
26. Pessimistic (84%)	Optimistic (16%)	90 Conscientious (80%)	Expedient (20%)
27. Assuming (93%)	Realistic (7%)	91 Dominant (92%)	Submissive (8%)
28. Unpunctual (98%)	Punctual (2%)	92 Reserved	Out going
29. Bad relation (94%)	Good relation (6%)	93 Rigid (pre-occupied)	Progressive
30. Blaming (69%)	Realizing (31%)	94 Atheism	Spiritual
31. Rejective (77%)	Adoptive (23%)	95 Unattractive (48%)	Attractive (52%)
32. Erratic (85%)	Calm (15%)	96 Flexible (58%)	Assertive (52%)
33. Violent (91%)	Peaceful (9%)	98 Asexual (31%)	Sexual (69%)
34. Grandiosity (69%)	Simplicity (31%)	99 Immature behavior (95%)	Mature behavior (5%)
37. Suspensive (82%)	Acceptive (18%)	100 Critical thinking (98%)	Legal/moral thinking (2%)
38. Confidentless (90%)	Confident (10%)		
39. Criticizing (86%)	Supporting (14%)		
40. Abusive (93%)	Abuseless (7%)		
41. Enemy (63%)	Intimate (37%)		
43. Unethical (88%)	Ethical (12%)		
47. Unique (93%)	General (7%)		
48. Money minded (82%)	Service minded (18%)		
49. Dirty (17%)	Tidy (83%)		
50. Misbehave (62%)	Good Manner (38%)		

Researcher (I) studied about the differential personality of (N = 400) drug dependent living under treatment centers, who were poly drug users belonging to different socio-demographic status. The average personality scores were as follows:-

Table 16: Personality trait score of the drug dependents

S.N	Personality Traits	Average Scores
1	Decisiveness	30
2	Responsibility	10
3	Emotional Stability	10
4	Masculinity	30
5	Hetero sexuality	60
6	Ego - strength	40
7	Curiosity	10
8	Friendliness	30
9	Dominance	90
10	Supervision and Leading power in complex situation	10

According to the study, drug dependent's reality observing capacity and judgmental efficiency were very poor. Their indecisiveness showed their self defeat and feelings of frustration in drug dependency life and excessive conflicted internally. Feeling of self worthlessness and emptiness of their life was humiliating throughout the life. Drug suffering and evil (misdeed) of drug dependents feel guilt in each steps of their life along with the social pressure and legal boundaries. The increasing doses of chemical substances and money are the major causes of indecisiveness.

Feeling of responsibility and desire for labouriousness were completely poor (10), which indicated that completion of task or schedule work performance in dependency life was not possible. Professional promotion, administrative leadership quality, self response bearing capacity, and action oriented thinking were very weak in drug dependents. Being a member of family their self responsibility was quite impossible. Emotional stability was found only 10 percent. It means emotional status of drug dependents was like a 5 years aggressive child. Their aggression and resentment feeling were excessively problematic. Lack of patience, hyper excitements and anxiety with self hurt even in genuine situation were the major problems in spite of low coping. Alteration of mood along with chemical substances directly effect the person where the external pressure was affecting in coping. Finally, drug dependent became absolutely irritate and erratic. Development of hostile behavior regardlessly converted in quick gratification or demanding ever sympathy.

The characteristic of bravery and enthusiasm collapsed beyond drug hunting activities. Even though, gang fighting, stealing, smuggling and looting were often challenging behaviors of the drug dependents, they took risk of life for drug due to the effects of chemical. The level of masculinity (30%) indicated that, they are afraid of real challenges without taking drugs. They lose the self courage and hope of wellbeing within the progressive addiction cycle and behavior syndrome.

Heterosexuality was 60 percent of the drug dependents, assumed, flying with feeling, pretending as if, and cheating with people which were the behavioral tendency of drug dependents. They purposed any beautiful girl in drug trip and finally fall in love haphazardly. Most of the drug

dependent desired more than one girl for their life mate. It was found that none of drug dependent was homosexual and virgin (no sexual intercourse). Eighty two percent of drug dependent shared that they had more than 10 sexual partners whom they have indulged in sexual intercourse. 23% of drug dependent were sexually sadistic and 3.8% were impotence due to chemical effects. Sex related behavior deviation were more observed in alcoholic than in drug dependents. Even though, physical need (drive) was not maximum but the psychological desire was comparatively high in alcoholics.

Average Ego-strength was observed 40% in drug dependents. The supreme value of life and self consciousness were not sufficient in drug dependent persons. Feeling of relax and tense were the two dimension of life, where they were denying the reality, were rationalizing and manipulating in each moment. Sense of humbleness and honesty were poor. Threatening, destruction and any other immoral behavior tendencies of the drug dependents were the causes of their self centered 'Id' behavior. Violent behaviors, grandiosity, unique feelings with brutal nature, moodiness and explosive crisis oriented behaviors were due to weak ego strength in the personality trait of the drug dependents.

Curiosity dimension was observed only 10% where the drug dependents were not interested in real world in social/professional activities. Beside the obsessive thinking and compulsive drug taking behavior their major curiosity was about rock music, fantasy gossiping about sexual activities, unhealthy tripping and availability of easy way of chemical. They were observed very poor in concentration and complete incoordination about thought and acts. A curious matter of drug dependent's were to feel the new type of trip or chemical changing besides of their choices of chemical.

just for taste. Similarly, alcoholics were observed to taste new qualities of alcohol initially but in chronic stage; it seemed to have collapsed along with money crisis.

A maladaptive personality component 'self-domination' to others was 90% in drug dependents. Irrational thinking and bully nature of dependents directly affected to their personality integration. Drug dependents were seemed to be blasting in vulgar language to the same states of fellow and dominating them as a ridicule manner regarding their self defeated feeling, hostility and negativistic traits. Remember, if anybody tries to give unnecessary clues or lift to drug dependents, finally they dismiss the lifting person because they are weak in reality evaluation. Nurturance of drug dependents was more self centered then the nature, they had conflicted between avoidance approach of behavior. When they entered somewhere they tried to the replace the post (position), status by one self even having capacity or not. The common sense of dissatisfaction convertes into domination as hostile pattern in opportunistic manner; where it seems experts in situational role to bow their head (people pleasing) and corner cutting with power play where they desire to show excessive dominating character to the juniors.

The leadership structure and supervision power were observed only 10%, democratic leadership structure was suppressed by rigid tendency and social criticism. Even though, encourage for sharing seemed that they were perfect in the evaluation of other's mistake but poor in self supervision. It was concluded that drug dependents had pathological personality traits or personality deviation. Erich Fromm described the character types of personality into five components. Personality of drug dependents can be categorized into two types according to their personality traits.

Receptive and exploitative

Drug dependents like to achieve self but by others. Demanding goods and services depend on their desire but rarely in real need. Never acceptance of self responsibility and desire of unique freedom of life are the complex nature of drug suffering people. They can't sacrifice self and don't try to understand the pain of others. It becomes the matter of nothingness for themselves within never fulfilling desire of chemical. Selfish nature of drug suffering life doesn't believe in labor, time and situation, even in the critical condition but concern only about their own chemical orientation and exploitation.

Hilary, Bret and Jackie (1996) presented a figure about drug dependency and personality problem is given below:

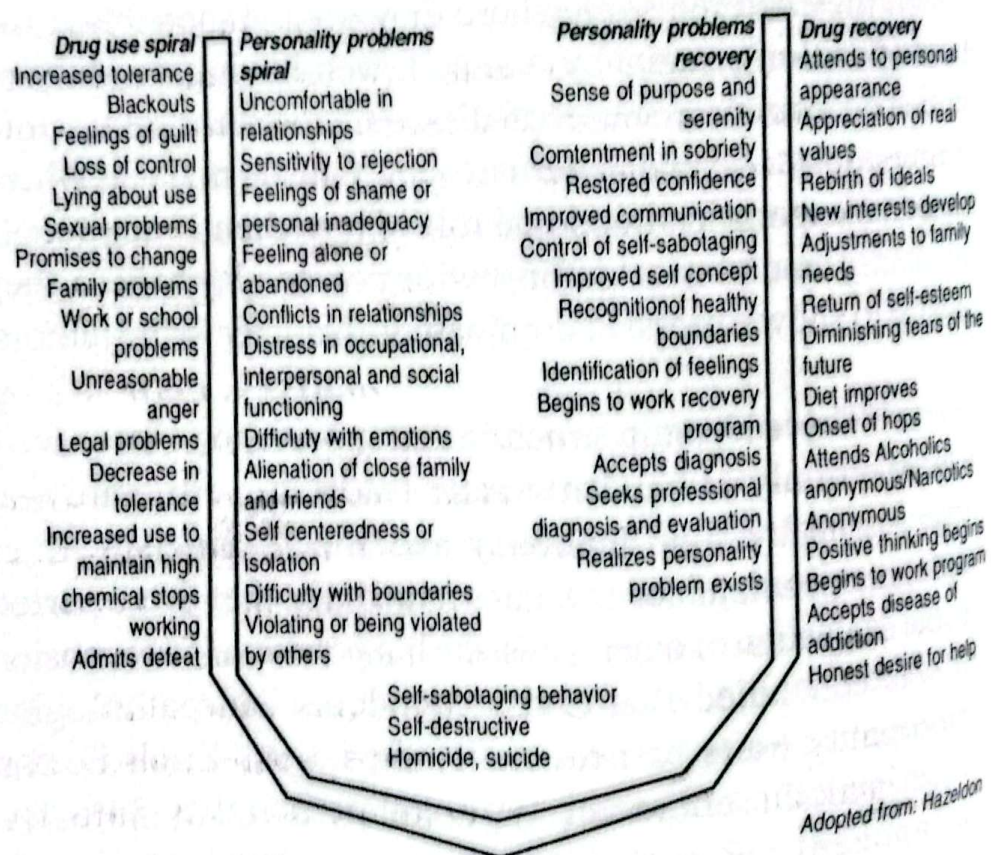


Fig. 15

Dealing with the maladaptive personality of drug dependents

Changing personality is very difficult along with the personality traits. So, identify the behavior weakness and be ready to change, the one you have wrong. You have to form your new habit. Focus on above given personality traits and try to change into positive traits. The clues are given below:

- a. Every action there is direction and personal goal, find out the worth and worthless goal. Focused on the need and avoid the worthless desire.
- b. Start communication in polite and truth.
- c. Courage to accept the reality and take patience.
- d. Accept every event, person, and situation as they are because you can change yourself alone.
- e. Think logically and scientifically.
- f. Try to help and understand others.
- g. Be punctual.
- h. Try to accept your misdeeds, don't blame and cry others.
- i. Respect interpersonal and cultural values.
- j. Never discriminate the people.
- k. Be honest and creative.
- l. Develop patience, self confidence and be a hard worker.
- m. Appreciate others and be abuseless (drug abuse, money abuse, power abuse)
- n. Balance your emotions.
- o. Stop grandiosity and justification; just give importance in responsibility.
- p. Try to be simple clean and genuine.

Prescribed treatment

- I. Group therapy
- II. Behavior therapy
- III. Self existence therapy
- IV. Community approach therapy
- V. Attitude correction therapy

CHAPTER 15

DRUG DEPENDENCY AND IMMATURE BEHAVIORS:

When an individual suffers from drug dependency, his spontaneous self development doesn't develop naturally. The integration approach of personality of the individual remains in the same condition or derives into negative traits. His intellectual ability, creative performance, coping ability and self related capacities may be affected by the emotional problem. When a person becomes drug dependent his emotional development completely stops by that day. For example, If a drug dependent started being drug dependent at his 16 years age and his real age is 35 years; an amazing fact is that the individual shows teenager's emotional behavior but we expect 35 years (mature man's) behavior. So, why we perceive them having immature behavior. The major immature thoughts and behaviors of drug dependents are given below.

1. Unfavorable complaining in each situation.
2. Unfulfilling dreams and stubbornness.
3. Multiple belief of weakness and self proud.
4. Yelling and infantile crying craziness (Self distressing)
5. Problems in adjustment in new environment and making relation.
6. Immediate responses or delay response.
7. Sucking, pinching, playing pen, pressing pimples, pulling hairs, biting nails, padding foots, shaking hands, changing the matter of talking rapidly and exaggerating.

8. Quick aggression or spontaneous emotional instability
9. Quick emotional influence and objection.
10. Not serious and always inadequate.
11. Constantly pleasure seeking desire and always seeks attention.
12. Willing to handle others.
13. Quick disappointment.
14. Doesn't recognize the situation to demonstrate, situational behaviour.
15. The meaning of life is to live fresh and freedom (self-centered).
16. Hunger of consumptions (time, money, worth, power)
17. Lack of homeostasis and infantile awakening and sleeping.
18. Inordinated and unbalance walking as the children.
19. Decrease the mass activities (lonely, shy, fear and guilt).
20. Loose the moral values and behave as unknown child impolitely.
21. Eating together is impossible, so, need to feed them alone as a child or keep food as the child.
22. Forgets the saying as children.
23. Always confusion in role distinguish behavior.
24. Unexpected wounds and accidents as child.
25. Unnecessary arguments as children, more temper and outburst.
26. Now happy and now sad (frequently mood change).
27. Lose the tolerating power; toleration of self illness and others are impossible.
28. Feeling of embarrassment and quick gratification.
29. Repetition of same saying time to time.
30. Decrease the tendency of sex role behavior.
31. Inability to keep creativity or smooth innovativeness.
32. Weak commitment, knowingly loose the opportunity or regardlessly postponing.
33. Impossible to accept criticism.

34. Categories the people according to money and materialistic things.
35. More suspicious about controlling by others.
36. Expected to clear all obstacles easily.
37. "I know everything and I am ok !"
38. Rapidly breaks the rules and thinks rules are for others.
40. Increase the sleeping time (night) toward the awakening time (morning).
41. Loose the logical ability and response in only one words.
42. Loose the interest of habits of toilet going(use), bathing interest.
43. Use the unfit, rough and dirty clothes anywhere carelessly as the child (no formal and informal clothes).
45. Practice to use vulgar and slang words as the children learn new language.
46. Learn to associate the trip of drugs as the child learn to associate the meaning of object e.g. shape, size, sound, texture.
47. Joy with typical near friends influenced with chemical at disco or Dohori as the child joy with their particular friends.
48. Seems angry with authorized person for own approval way that I am not affecting others, it's my personal matter.
49. Takes suggestion as a way of revenge or discrimination behavior. Self creating hurts as children.
50. Despair is only one way of solution because I am helpless and hopeless.
54. Surprising unhappiness, why I am not right ? why rejecting ? Why not perfection? Difficult to compromise.
55. Feeling of disenchantment.
56. Intellectualize the knowledge and recentralized in old misdeeds.
57. Jealousy and egocentricness.

58. Loss of interest and motivation.
59. Nick name (title name by their friends as the children)
60. Necessary of fantasizing as children.
61. Stealing own property, cheating and lying.
62. Destroy one's own property of home.
64. Eating chewing gums as children.
65. Asking unsolved/unanswerable questions.
66. Loss of vocational identity and dependency with others as child.
67. Internal threats of self destruction and run away to the family.
68. Escaping from challenges blaming others.
70. Difficult to beg pardon and gratitude.

There are different types of immature behavior and immature value patterns in drug dependents, which are given below.

1. Aesthetic perfection:-

"People are charming, happy, smart and beauty. How are they so nice? And myself a misfortune and ugly person. Nobody proposes me for friendship, as a boy/girl friend. May be my face unattractive, may be unattractive body structure. Why am I not like a film star? May be I haven't artistic, musical, managerial skills and haven't money. If I had they would have automatically come to me."

2. Authoritarian/Domination:-

"People must obey me, I am a supreme person; every rule and regulation must be according to me. If any body desires to dismiss my rule the result will be very serious. Most of the drug dependents try to be as authoritarian 'a Hitler in their house' to compel their saying and protection from the dismissal of family rules."

3. Hunger of affiliation

Drug dependents always seek the complete attention (love, care and concern) by their family and good wishers. More sympathy, reinforcement and gratitude even in minor things because they are very sensitive. The emotional structure of drug dependents is comparatively like a 6-7 years girl. They think themselves I am a unique person for belongingness, if it is not possible, why did they give me birth ? What the meaning of relation ?" so on.

4. Rejection :-

The whole world is selfish because people are used to gathering around the burning fire. At each and every step I meet the enemies. "What to say ! enemies are living in home. It's better to escape (isolate) from them and start a new career from unknown place. It's better to go very far where the people won't recognize me."

5. Arrogance :-

Nothing is satisfactory throughout my life; no certificates, no job, no business, no good understanding in family and no money. Why do I survive? I have lost many years worthlessly. It's better to kill others then self suicide. Better to die using overdose. Why doesn't volcano eruption occur in this city ? If I had an atom bomb I obviously would have killed all and blasting, blasting and blasting...all things change into ash.

6. Feeble ideology :-

Why do I take unnecessary burden ? My parents have earning. Finally, they have to transfer me, use and misuse of properties depend on being son/daughter because they have to handover me. Otherwise, what's the meaning of son? Do they take all along with them ? I am authentic person to be sharing

property and just I spend a small part, I have more than necessary. If there is no relax in life what is the meaning of birth ? They are also affording and consuming. I have to do nothing, if the situation comes I will show them soon. If I will die tomorrow who take cares of this property and consume it ?

7. Day dreaming :-

The major problem of drug dependents is assuming (imagination). Assumptions about unrealistic events for self satisfaction(fantasy) of self pity themselves. Taking drugs and dreaming runs together in each facets of life which make themselves immature in thinking, judgmental and situational evaluation.

8. Holding careless :-

Loss of personal identity and self responsibility of drug dependents desire to escape from the criticism. Personal passive nature doesn't help in their betterment but the compulsive behavior of taking drugs regardlessly postpone the job(works), even though they promise many times, their preferance will be unexpected. Neither punctual in eating, sleeping, schools nor polite language, and respect of cultural values.

9. Moody/Dullness

The mood of an individual is determines by the behavior patterns. Rapid changing mood of drug dependent creates multiple personality disorders. Momently sad and excited; rejected and disappointment, erratic and depressed mood of drug dependents can't hold patience to complete a job and making good relationship. They may show egocentricity and jealousy as the children. Nature of fantasying seems completely unethical where hunger of chemical, anger without situational judgment, loneliness within mass and self pity occurs with in quick negative influences.

10. Flexible illness behavior :-

Drug dependents show many ill behaviors but never care themselves about these behaviors, for example : sucking chicks, biting nails, pinching, uncovering or picking the upper part of skins near by nails, biting pen and playing, squeezing pimples, pulling hairs, tearing papers, making imaginative (unrealistic) drawing, padding foots, shaking hands, changing rapidly talking subjects, stammering, asking unanswerable questions, cheating, lying, seeking, easy way (drop outting), etc.

Dealing with immature behavior of drug dependents :-

1. Every thing in this world are nice; so don't compare with any other person/things. Meaning of nice depends upon the personal perception or your nice vision. Think positively and perceive positively and never compare the quality.
2. You don't have supreme value, neither you are unique demon nor a God. So, how you can change others, dominate others or ruling other being authoritarian ? Try to be simple and keep it up !
3. Don't try to grab the attention of others. You are not a child or poppet. Don't try to be over sensitive for affection but firstly look at the mirror and say I love you very much yourself. Love your body, physical fitness and your own brain and protect it forever.
4. Remember, you were born alone and will die alone, what you are saying mine but nothing belongs to you because you have to leave one day. It means you have made compromise with many people as your social relation and many thing with purchasing them. Nothing is your in this world besides you. Nobody carries one's belongings along with death. Neither you can be rejected nor affiliated, that depend on your thought. Never feel rejected.

5. What you try to destruct the material that was't made by you. Neither you have created. Then how can you can destruct ? How can you threat/beat people ? Don't they need freedom like you ? Stop showing arrogant nature. Be cool and adoptive.
6. Your parents may have property that were earned by them and they can use themselves only. How much you have earned and gave them ? If how do you expect ? Your property is yourself which depend on your labour and proper utilization of labour.
7. Stop dreaming and come to reality. 'If you do, you may achieve' but if you dream it disappears as the smoke of cigarettes. So, stop dreaming and come to action.
8. How many days do you survive being crazy? Really, craziness is abnormality. Do you want to be so? When does your fantasy complete? When does your chemical huger does fulfill ? Impossible! Stop being moody and showing duel character.
9. How many days do you postpone your works ? When is the suitable time ? Think, the suitable time is now and day is today. Never promise 'just do'. Never desire just come to need. Don't try to escape from the responsibility otherwise your time doesn't wait you only for single second.
10. Find out your illness behaviors and give importance to change. Finally, it comes into you habitual patterns.

Prescribed Treatment

- a. Reality therapy
- b. Self existential therapy
- c. Behaviour therapy
- d. Attitude correction therapy
- e. Cognitive therapy.

CHAPTER 16

DRUG DEPENDENCY AND LOW SELF ESTEEM

In the modern era of 21st century, drug dependency has been diagnosing as a disease. Even though, it has complex nature the signs and symptoms of drug dependency are completely visible, diagnosable and treatable. I want to focus more about traditional misconception that 'drug dependents are criminal persons as well as a social problem. Drug dependents are neither criminals nor social problem. This is a psychological problem of addiction associated with obsessive thinking about drug using places, person, things and a feeling of desire of mood alteration for euphoria and pain reduction. The loss of self control over the substances that dependents can't manage drugs due to compulsive behavior patterns. So, drug dependents are powerless over their addiction and their compulsion of misdeeds, social evils or crimes are due to the sickness of physical withdrawal and pshychological craving which deplore to do relating with the suffering stage of drug crisis. On the other hand, neither most of the dependents have indulged in crime, nor all have good social inter-personal relationship. These all social prospective depend on the severity of suffering financially as well as emotionally. The emotional problem is the major problem of drug dependents. It can be treated psychologically. Drug dependents are ill-person (BIRAMI) having physical problems, social inter-personal adjustment problems, psychological problems and spiritual problems.

When an individual becomes chemically dependent, the need of chemical occurs in his/her physio-chemical functioning as the basic need of food, air and water. He becomes sick in the cases of unavailability of chemical, that is called withdrawal symptoms. The individual desires to maintain a daily life of his status by taking chemicals but unfortunately loses the power of tolerance day by day. The loss of physical status and the compulsion for drugs intake makes a dependent's survival significantly depend on substances no more than inner self potentialities. The individual loses the level of confidence of chemical-free survival inspite of physical incoordination, tension, and courage to face with external reality. The poor coping ability is the cause of inhibited confidence of a drug dependent whether he is in trip or abstinence. Initially, a drug dependent loses self status in chemical intaking and feels maladapted in socio-cultural setting. Ultimately, drug dependents say 'No-body listens to me, nobody understands my problems'. It means the individual is in stress or suffering from self pity and unaware of self existence in the values of socio-cultural setting along with self recognition.

The perceptual problem of a drug dependent is always against the authority. Seeking perfection in favorable conditions are related with the thinking process. Internally, detachment with the authority and creation of doubt in negative point of view significantly affect their discriminative behaviors. The pseudo-relation and strong denial of the dependents couldn't maintain a healthy relation with family as well as society. The level of sense of discrimination and insupport increases along with the duration of the suffering. The length of suffering creates family problems, occupational problems, social adjustment problems, financial problems, and legal problems. The

individual becomes normless in their mass society and ultimately assimilate themselves in drug sub-culture. Thinking and behavior patterns differ comparatively with non drug using people which creates vast gap between drug using person and any other non users. Family and society lose their limit of patience inspite of insane behavior of the dependent. That's why, a dependent loses his trust and cooperation in his own society and starts to hold resentment. Neither is a dependent able to escape from his unmanageable life condition nor able to quit drugs. Feeling of social rejection, mistrust, self disappointment, suppressed by the dependens, ultimately and individual becomes ready to do any moral/immoral or legal/illegal acts for the need of chemical to overcome from his psychological complexities. When there is no support, care and concern about the dependent, the individual completely loses his/her dignity and freedom; moreover he/she becomes a slave of substances. Ultimately, drug dependents choices of freedom limits on the three ultimate goals.

- a) Unfortunate death due to accident or death on the street or driven to insanity
- b) Jail due to conviction
- c) Treatment

There are five factors which directly affect a drug dependent's self-esteem. The major symptoms are given below:

- a) **Unattractiveness**
 - Loss of facial charm
 - Loss of eye contact
 - Poor physical status
 - Unfit clothes punk style

- b) Lack of confidence**
 - Loss of hope and courage
 - Loss of personal identity
 - Impunctual
 - Pessimistic
 - Disappointment
- c) Immaturity**
 - Loss of humbleness
 - Quick gratification
 - Immature sexual desire
 - Quick emotional responses
 - Impatience
 - Moody
- d) Incompetence**
 - Loss of alertness about life
 - Loss of accurate and clear thinking
 - Feeling of defeat or hostility
 - Loss of logical power relating to reality
 - People pleasing, corner cutting, grandiosity and power play
- e) Social maladjustment**
 - Kindless
 - Less considerate
 - Less forgiving
 - Enmity and less belonging
 - Selfish or unsupportive
 - Irresponsible
 - Vulgar
 - Explosive and destructive
 - Valueless asocial behavior

Check your self esteem

A to Z check list of self esteem measurement

High self esteem	Low self esteem
a) Caring attitude	Critical attitude
b) Humbleness	Rebellious
c) Humanity	Arrogance
d) Confidence	Confusion
e) Talking about ideas and principles	Talk about people
f) Concern about character	Concern about reputation
g) Assertive	Aggressive
h) Optimistic	Pessimistic
i) Think about present action	Think about past
j) Value in education (learning)	Intellectualization (I know)
k) Responsible	Irresponsible
l) Forgiving	Blaming or holding resentment
m) Discipline/rule follower	Rule breaker/complaining
n) Enjoys dignity	Enjoy in exploitation
o) Sensitive	Touchy
p) Acceptance	Denial
q) Trust in self worth (effort)	Trust in power play or support seeking
r) Self aware	Careless
s) Importance in social relation	Isolation
t) Clear vision	Empty and dubious (indecisiveness)
u) Understanding	Bargaining and erratic
v) Trust in the reality values of the groups	Trust in stubbornness or personal belief
w) Helpful	Greedy
x) Laborious, punctual	Time cheater
y) Physically fit and sexually satisfied	Self discomfort and sexually dissatisfied
z) Self interest / hobby	No hobby

If you have more than 20 +ve = best

If you have more than 15 +ve = better

If you have more than 10 +ve = good

If you have less than 10+ve = You have problem of self esteem.

CHAPTER 17

CHEMICAL ABSTINENCE AND RELAPSE PROBLEM

Every drug dependents feel the bad effects of drugs but can't stop taking drugs due to dependency. They are afraid of withdrawal, fix the certain date for chemical that abstinence by the ending of time eg; after Tihar, Dashain, Christmas, New Year, Friday etc. but intaking pattern becomes continue. They may make many promises by God, own daughters and mother etc but it doesn't change the patterns effectively. Rarely, the drug dependents stop taking drugs living in their own home for a certain time but almost of them can't survive making abstinence and almost indulge again. It has already been mentioned that drug dependency is mainly the problems of behavior and attitude. The people who stop using alcohol without treatment are called 'dry drunks' and chemical abstiner (clean addict) in any other drugs using cases. Those people think themselves chemical is the greatest problem but the dose and frequency of drug using is not major one. They think themselves are different than others and can avoid circle, concern less about high risk zone (drug availability places) and don't give priority in their sober behavior. The major weakness of a chemical abstiner is poor negative judgmental patterns. Impatience, self defeated feeling and full of tense throughout the daily life and poor perceptual ability. Relapse is a process which never occurs eventually. Many drug dependents think it happened unfortunately or accidentally but they forgets to

evaluate their own dedication on obsessive compulsive behavior due to immature thinking tendencies. They forget to understand the real purpose of life and self ruining in difficulty; to make self rules by decaying trust of own family as well as social relation. Escaping from the responsibilities, seeking quick gratitude in each normal actions creates self ambiguity. The quick reaction formation of a dry drunk or abstainer are fulfilling with aggression and specious. The poor self esteem and self confidence of a dry drunker makes the sense of world into two ways. 'Means of fantasy and self' which always disorganizes in the real life and suffers from assuming traits initially and ultimately develops as a irritate manner with inappropriate evaluation of the reality of social surrounding. The individual loses the self compassion and genuine insight of the life and finally intakes the chemical again. Ranganathan stated 'loss of control in terms of internal and external dysfunctions in the initial stages of abstinence'. The major dysfunctions are give below:

- a. Impairment of thought process.
- b. Impairment of emotional process.
- c. Problems in memory.
- d. High level of stress.
- e. Difficulty in sleeping restfully.
- f. Physical incoordination
- g. Denial of reality
- h. Defensive, avoidance and escaping.
- i. Crisis building harmonious relation.
- j. Passivity and critical thinking
- k. Fantasy, assuming and confusion.

Relapse Clues :-

Relapse is not a sudden event of using own choices of chemical. Certain visible and invisible relapse clues can appear in chemical abstinence period. These are given below:

(a) Disappointment and emptiness

After avoidance of chemical, a chemical dependent person starts to judge the people and the socio-cultural status of social surrounding. The individual starts to compare himself with the status of his mates according to similar age and professional identities. He perceives his age mate as a businessman, someone doctor, engineer, civil servant, policeman, army officer so on but he seeks his own status in the nothingness and finds emptiness e.g. no professional identity, no recent job, no bank balance, no trust in family as well as society too. Fear of wellbeing and self disappointment in their real life leads toward worthless. Survival of life which ultimately swifts into relapse.

(b) Attempt to impose sobriety to others.

Drug dependents basically try to change others. A common weakness of drug dependents is to point out the mistakes of others negatively. They think 'other must be changed before me' so that it will be easy to deal with the problems of daily life. Normal behavior problems may effect in their life only but a drug dependent's behaviour problem is more risky taking drugs. Even though, they forget their own problems which lead toward relapse. Many drug dependents complain about the causes of relapse due to his family, friend and his living socio-surrounding that all things should be changed. It is quite difficult to change people, events, and surrounding than to change one's self. So, change yourself and accept each conditions as they are.

(c) Escaping and seeking the easy way :-

When drug dependents avoid chemicals, they feel themselves having a great achievement. Initially, they give priorities only abstinence but forget to their punctualities, and responsibilities, eg: sleeping time table, eating time,

family cooperation, AA and NA meeting attendance, contact with center, and hesitation on normal responsibilities. Regarding that fact, 'recovery is not possible living in isolation'. They start pretending, pleasing people, using lip services, may seek the easy way using cunning mind (power play), may create issues to prove the events. Ultimately, they forget their own evaluation and the level of sobriety. Those all sort of negative behavior and negative attitude patterns unknowing push or pull toward relapse.

(d) Loneliness and self Pity:

"How am I an unlucky man? Every misfortunes are always coming over me. I have no job, no money, no good social relation, no trust and nobody ask about me. How to manage those all things? I am alone daily; its better to make friends." The common problem of drug dependents is to make new non drug using friends due to self mistrust and poor confidence. That's why individual starts making friendship with his own drug intaking circle to share his ideas and feelings, finally he will jump (fall) in the same well.

(e) Stress and Depression:

The major way of coping with different psychological problems of a suffering drug dependent is taking his/her own choice of chemical; so that he could feel relax for a certain duration. When he stops chemical, there remain two variables. One is craving that is associated with people, place and things. The second one is daily emotional instability; Anxiety, frustration, conflict, aggression, guilty feeling and depression. The chemical effects in biological functioning is not the major causes of depression but more over the psycho-social pressure, inner conflict, 'extreme stress and their poor coping ability. That's why they use drug as a means of coping.

(f) Overconfidence:

When a recovering drug dependent forgets his crisis of his suffering and unmanageable situation; he may develop over confidence that "I can handle the situation. I can manage the chemicals, e.g.: manage certain doses, I can be a social drinker, and I won't use but live with the drinkers especially in get together, only I give him company, and I don't use my choice of chemical but different types of substitute." Finally, he won't know being a dependent perfectly. At any time he will be relapsed in drugs unknowingly.

(g) Secondary addiction and desire of fantasy :-

Drug using behaviour is completely associated with obsession and compulsive habituation. Even though, they could get rid of choices of chemicals, they may take any assistance of secondary addiction. May involve in gambling, chewing panparag, chewing tobacco, smoking cigarettes, gossiping, roaming unworthily etc which slowly leads a recovering person into primary addiction. Compulsive desire of fantasy of drug use and experience of the past euphoric events flash back them again for replace. Chemical abusing and sexual desire with different persons are the most riskful factor for relapse. A common sexual weakness of drug dependent is early fall in sexual intercourse which makes them dissatisfied and ultimately they use their choice of chemicals as the means of sexual performances. Roaming, dancing at the disco, eating in restaurants, computer chat, joking, etc. Behaviours continuously at the same time in habitual patterns are compulsive habits (secondary addiction). This secondary addiction is clearly responsible for primary addiction because recovery can't be strong without dealing obsessive thinking and compulsive behaviour.

(h) Impatience

Drug dependent seeks quick perfection results in any action due to over expectation and immaturity. The major causes of impatience are instable emotion, irresponsible past and intervention of smooth emotional development. When they achieve something as their wishes they perform unexpected extreme excitement and in failure, they may be quickly nervous. Quick expectation of effortless desire and infinitive sequences of favour of desired results of the drug dependents can't wait until the designed plan consequences and duration. That's why the chances of chemical relapse is high due to impatience.

(i) Perceptual error without constructiveness.

When drug dependents stop abusing drugs, it becomes the matter of pride among them. They feel themselves respected and having miracle in their life themselves. But when they are living in their own society, their society perceives them from the same point of view as they were in suffering. Nothing creativity, nothing constructiveness and well being, society is not benefited. No matter of respect what they have done? How to believe them? This is only a drama for a couple of days. Finally, feel insupported by their society. Family members also don't trust them comparing past mistakes and they compel to live without vocational setting. Abstiners find no way to show his creativity and ultimately takes revenge 'I will show them using' (KHAYARAI DEKHAI DINCHHU). A survey study was conducted in 2004, (N= 65) relapsed drug dependents; regarding their cause of relapse events. They responded these relapse events, which are given below:

The table showed the most risk factor in relapse was bad circle (drug using people) influences and the second

Table 17: Causes of relapse

S.N.	Causes of relapse	Number of relapse	Percentage
1	Association with drug suffering circle. (bad circle)	17	26.15
2	Sexual problems	9	13.84
3	Gang fight and heroism	2	3.07
4	Lack of trust in family	15	23.07
5	Damn Care about recovery life	4	6.15
6	Party and restaurant	2	3.07
7	Use of other substitute	3	4.61
8	Love tragedy	3	4.61
9	Unemployed/worthless	8	12.30
10	Doctor's treatment	2	3.07

was lack of family trust. A common problem of recovering drug dependent is to make new non drug dependent friendship so that he could share his all feelings. He always hesitates to propose for friendship but the old (suffering) will be the best way of personal attachment and sharing of their past experiences. Ultimately, the suffering association unknowingly swifts into drug subculture and relapse too. Drug dependents desire to get quick trust in their family but the family members keep them in the circle of suspicious. Mistrust between recovering and family creates a vast gap of emotional affiliation. Finally, a recovering drug dependent feels self defeated in family adjustment. He might think, 'There is no trust in my own home, then who trusts me'? Its better to use again than being trustless. Most of the drug dependent's sexual desire increases along with the length of chemical abstinence. Sexual desire increases with in the first month of chemical abstinence. When a drug dependent discharges from drug rehabilitation center, he seeks the way of sexual gratification but momentarily forgets the recovery tools. Mostly prioritize to seek sexual partner, roaming with her, dating etc. Early fall sexual problem in their early recovery process can't get sexual satisfaction and finally may use drug. This survey study

found 13.8% of drug dependents were relapsed due to early fall and sexual dissatisfaction.

Rehabilitation process of drug dependents in Nepalese context is very poor in the sense of vocational setting. Family members think about the recovering drug dependent's betterment is to live in their home as the desire of them and should follow the direction of family members but a recovering tries to change the way. This tug of war continuously runs until the abstiner feel worthless life and irritating behaviour. Worth of the life in their own home, desire of well being can't flourish in mistrusted family and intake drugs. It was found that 12.3% of drug dependents were relapsed due to unemployment. Damn care about recovery e.g. money handling, careless about high risk zone, over confidence about drug using patterns, a concept of in taking any others chemical substitute, secondary addiction and prescribed medicine by psychiatrist doctors were any other causes of relapses in Nepal.

Precaution about relapse

- a. Follow the tools of recovery programs properly.
- b. Be aware about the clues of relapse sign.
- c. Give importance in sobriety.
- d. Give importance in family relation, social adjustment and spiritual practices.
- e. Keep in touch with treatment center and counselors.
- f. Continue AA/NA meetings.
- g. Openly say no drugs.
- h. Do not handle money, aware about high risk zone
- i. Avoid the bad circle.
- j. Accept each problems as to face with challenge but not a challenge for deadly life.
- k. Be honest, think positively and practice in 'HOW'.

CO-DEPENDENCY

The term 'co-dependency' a behavioural and emotional state of the drug dependent who directly effects his family and other individual's emotionally living near by him. The person who has maladaptive behavior and pathological emotions may affect other normal people by attachment is co-dependency. Ranganathan (1995) stated that 'The family members of the chemical dependent become preoccupied with trying to sort out his life in a meaningful way. In many respects their frantic efforts to chage the chemical dependent become as compulsive as the behavior of the depedent person. Co-dependency is a pattern of living, coping and problem solving create and maintained by a set of dysfunctional rules within the family system. These rules interference with the healthy growth and make constructive change very difficult, if not possible. Co-dependents suffer from a set of emotional problems. Their strategies of minimizing, protecting, controlling, bargaining, appealing are classic coping reactions to the chemical dependents maladaptive behavior.

The problems of drug dependent runs together with his/her family. Even though, the suffering never accept himself creating problems and transmit throughout the family; family members suffer by the same problem without taking drugs. Family members try to improve the behavior patterns of a drug dependent and limit them secretly in family norms but unfortunately it makes them more vulnerable day

to day. Initially, family members try to hide the problems within family regarding a family issues and social stigma. Neither the drug dependents can stop their drugs nor the family members protect the secrets of their family dignity. Preoccupation in mind, mistrust in thinking as well rude behavior compel them promises but the irresponsible nature of the drug dependent always pinch the family that he repeats misdeeds again. Daily unnecessary arguments with drug dependents, blaming, pinching, scolding, destruction, unnecessary torture, manipulation in each events, irresponsible behavior, dishonest, ridiculous and resentful aggressive behavior of the drug dependent makes his family emotionally maladaptive and psychologically depressed. So, the nature of the problems of drug dependent and his families are not significantly different. The major problem of drug dependent and his family are given below:

Table 18: Comparison of co-dependency problems

Drug dependents' causes	Family causes
a. Obsessive ness: The major concern of drug dependent is to gratify the drug (next dose, fix, puff, peg) and no more concern about rules, family problems, financial management, punctuality and responsibility. So, the drug dependent thinks obsessively and uses drugs compulsively.	a. Obsessive ness: The major concern about the family of drug dependent is about his poor health, fear of gang fight, police arrest and fear of offences. So, they take always worry about drug addicts and think obsessively (KE BHAYO HOLA)
b. Manipulation: Drug dependent always	b. Manipulation: Family members manipulate

continue

tries to manipulate about drug associating events and misdeed to prove himself a good person. So that himself thinks that people won't find out his faults.

c. Arguments:

The causes of drug dependent's arguments are for money and safe using drugs in his own home. Secondly, family won't dare to control his taking drugs as well as disturb him in any other doing irresponsible behavior (desire of freedom).

d. Blaming:

Drug dependent always blames his/her family, they don't understand the problems and he/she is using due to tension, family are not co-operative, no love, care and concern about me, they reject my every purposes and misbehave with me. He use to say 'I am not using drug/alcohol but I am healing my tension which are created by my family.

about drug/alcoholic and his behavior to protect from shame (stigma) from the society. Manipulation about his own problems; even though, being victim of drug dependents.

c. Arguments:

Family don't know that drug addiction is a disease and it is beyond the control; though, they don't accept the professionals help to stop drug. The misconception that our strictness, threaten, punishment and strong behavior will be enough to control the addict; so, daily arguments with dependent.

d. Blaming:

Family members say, our dream was different, we invested him a lot for his education, for marriage, indifferent treatment. He finished a lot economy and made us bankrupted. I have difficult facing with people because of his behavior in society. S/he is a poison of our family and our all failureness are due to his demon behavior.

continue

e) Denial:

When the family members start controlling money, deny to allow him/her to go out, and control any other maladaptive behavior; the dependent starts to deny all advices and starts to say 'Why do you concern me? This is my life 'enjoying', my affair; in the case of job holder; I am earning and spending, what differs you? Dependent never accept all sort of unmanageability caused by alcohol/drug addiction.

f) Anger:

The weak nature of the drug dependent is to carry the expectation in impossible condition. They desire to fulfill quickly or gratify immediately as possible but the family members carry the worthless myth that they can control him/her. The interference behavior makes the drug dependents angry and on other hand, they think, my aggression

e) Denial:

The denial behavior of the drug dependent spreads by the interaction and behavior exchange. In addition 'They try to cope with the pain and torture. But suffer from shame, despair, fear and the feeling of worthlessness. Even though they may minimize the extent of the problem. The chemical dependent may be abusing his family while under the influence of drug; yet the parent or wife reassures herself that "things are not really that bad or I don't think he has become addicted.

f) Anger:

Daily unexpected threats, pinching words with destruction, unnecessary arguments, susceptible irresponsible behavior of the drug dependent's hurt the family bitterly. Stress through out the day and sleeplessness because of the memories of daily rude behavior. Finally, the family won't cope with the situation and unsolved dysfunctional behavior of

continue

works'.

g) Alienation:

Social insupports, poor family relation, blaming, tension, legal fear and the uncertain life structure of the drug dependent leads to disappointment. He doesn't like to communicate with people and making relation because of mistrust. He feels self rejected as a result becomes alienated.

h) Break down in socio-cultural values:

Drug dependent can't manage his/her social status in spite of the effects of drugs and related crisis. The matter of keen interest is to get drugs. Knowingly s/he ignores the moral/ethical values and becomes powerless in drugs. Forgets discipline, honesty, respect and breaks the rules and regulation, loose interest in religion and

addict and develop aggressive traits.

g) Alienation:

The inner psychological wounds (hurts) of the family members becomes more worst but unable to cope and unable to expose to others. Even they try to cover up all the problems. Finally, the existence of the coping no more works and feels disappointed. They avoid social relation due to own inner pain (hurt), grief, shame and tension. They feel themselves people are teasing me and laughing, whenever others are enjoying any other occasion.

h) Break down in socio-cultural values:

When the family can't control the drug dependents, they suffer from the self defeated. They perceive themselves are the most unlucky and more vulnerable conditions. Many times they pray/worship to God for the disappearance of misfortunate drug dependency but it never comes into the reality. Finally, stops worship

continue

any other socio-cultural celebrations. Ultimately becomes norm-less/valueless in socio-cultural setting.

i) Grandiosity:

Alcohol and drug dependents always see other. Suffering person's shameful events but forget own brutal behavior and misconducted behavior. Just I am enjoying, am not as like any other alcoholic/ drug dependent. I am more civilized and advanced but they forget the day, sleeping on the street, footpath, trails, beside the drainage, beneath the bridge and so on. They think themselves that they are using more qualities of drug and alcohol comparing with cost and using places but forget about the same effects of drugs.

j) Shame and guilt

Previous misdoing are responsible for drug dependent's shame and guilt; e.g. scolding, shouting, physical attack, stealing begging money and destruction of good etc. When the effects of the drugs reduced;

the God, no God in my critical period, no society, no relatives, if they were existing I won't have been suffering.

i) Grandiosity:

My son was as God when he didn't use drugs/alcohol. He is not like any other drug addicts but he is being such due to his friend (someone). He is taking drugs due to friendship and he is using more. If anybody asks about drug dependents or complain about alcohol/ drug addiction; they may reply 'No I don't think so, he is not a dependent, everybody drinks now a days. He wasn't sleeping on the road due to alcohol but he was fainted, we are going to check his health in hospital.

j) Shame and guilt

Family members initially cover the drug addiction related events as family secrets. When the people recognize about his family member's drug related behavior then the family members afraid with people/so-

continue

dependent starts to feel, What I did ? Suffers from shame, and guilt and hesitate to meet with the people, change the route (way) so that I won't meet somebody. He feels quite difficult to visit them or face with them without taking drugs and uses drugs again.

k) Never ending convince and control

The major intensional weakness of the drug dependent is to change his family firstly, so that his family would do as his saying. He convinces many times do 'this and that' 'I will stop' but he can't control himself forever. He/she thinks I will die using drugs because no one follow me. It is better to die rather than living a worthless life.

l) Dishonesty:

A drug suffering without earning is the symbol of dishonesty. Borrowing money

cial surrounding. Do, somebody say me mother/ father/ wife/ son etc of junky/alcoholic! It carries shame and guilt among the family. When they see the people laughing; think themselves due to me and if silent, they might be talking about me but stopped due to my entrance. When any guest or relatives ask about drug dependent. Immediately try to change the matter of talking saying he/she is out.

k) Never ending convince and control

Family members convince as possible as they can but their different techniques of convince effects no more. They request their relatives to convince and make stopping drugs; that act also becomes worthless. Finally tired of convince but can't control and expressed their inner aggression. Its better to die rather than being a poison of the family.

l) Dishonesty:

Family members have to pay a huge amount of money for drug dependent or taken by

continue

but can't return, promises forever, steal the goods and money for drugs, involve in smuggling etc. He won't be an honest person until stopping drugs completely.

m) Depression:

The traumatic situation of family, bankrupted economic status, social rejection, feeling of self worthlessness, alienation, physical stress, suffering from anxiety, tension and frustration lead the life of the drug dependent in to depression. He can't see his future. Remembers the vulnerable past and terribly afraid with present. Neither he can kill himself nor survives in real world carrying existential potentialities. So, almost of the drug dependent are depressed.

their relatives or any other person for drugs. When they hesitate; people may blame them dishonest person. Their name may be listed in police station joining with the offences of drug dependent. People think that they are lying, not returning money knowingly. Even though family members justify many ways it doesn't work.

m) Depression:

Family members compare the drug dependent with a successful person, who has same age and live near by social surrounding. They feel themselves unlucky person which are written on their palate by the God (BHABI). The cause of being a family is the result of previous life. I have nothing apart from pains any way I have to drag my life according to the desire of God; but I think I won't alive anymore, I want to die before him (drug dependent). They also suffer from tension, frustration, anxiety and finally depression.

continue

n) Resentment:

Drug dependent carries a strong resentment day by day in each events that is why he is naturally hostile. He doesn't like to talk about drugs with his family, justification of events, causes and results. He feels happy when somebody fulfill his wants immediately, but this is not possible in real world. When he feels any obstacles in his want quickly carries resentment. I am being dependent due to your negligence, you left me hostel in my childhood, stop going abroad, couldn't pay in the best school, college, didn't gave me money for business investment, then what do I do without taking drugs? You love money, your next son or wife but not to me. 'Give me money' I will kill you and die self, if they again hesitate. If you don't give me live, I will go away. I won't return burning your corpse that time request your money to do.

n) Resentment:

This man is ever junky and no chances to improve. If there weren't law, I had been killing you earlier. You lost my all money, prestige and human nature too. I couldn't live comfortably because of you. Go any where. I never search you, I would like hearing you eaten by dog, fox and vulture. Oh ! remember, if I die don't touch my corpse, If you touch; I will be in the hell. By today you have no relation with me and think I have no relation with you. I want existence.

Dealing Co-dependency

1. Drug dependent may think - I can be cured living in home, but it is an incurable problem. You have to admit in treatment center or have to take support from the professionals. Family members may think, we can convince him properly to make somebody to give up drugs but never try to be foolish. It is beyond your hand. Your care and concern is necessary but you can't modify the behavior and change the attitude of a drug dependent.

2. Drug dependent may think - I will change the environment and avoid my using friends for a certain time and will be cleaned but never think so. You may go to village, abroad, and any other safe places as your assumption. When you reach there, your dependency goes along with you (together), you can't stop drugs but you may change your substitute. So, don't hesitate for treatment.

Family may think - When he will be far subsides the concern. It means no more bearing tension and I will live peacefully. Think, yourself your tension is returning carrying more tension. Nobody can guide him and give him counseling besides professionals.

3. Drug dependent may think - I will live under psychiatric treatment and will be cured but never think so. Detoxification only helps you to reduce the withdrawal symptoms, it means, you can get sort of healing of drug addiction by psychiatry but your psychological dependency remains along with you and you can't stop drugs.

4. Family members may think - If drug addiction is a disease why there is no medicine? How doesn't medicine work? There is no exact medicine for drug dependency but physician prescribes the alternative medicine according to

medical sciences. It helps only to reduce the physical dependency (addiction) but never helps in psychological dependency. You know about naturo-therapy, physio-therapy, yoga meditation, acupuncture therapy and acupressure therapy. Those therapies are the treatment techniques for different problematic patient. Like the same way psychotherapy and counseling are the best treatment techniques for drug dependency treatment.

5. Drug dependent may think - I will reduce the amount (potency) of drugs and finally will be cleaned; I change the less effective and cheaper drugs, manage it and ultimately stop it. But remember you can't manage drugs throughout your life. It's better to go to treatment immediately.

6. Family members may think - Religious practices, taking 'BUTI', traditional treatments of 'DHAMI-JHAKRI', 'YOGI BABA' can be made stopping drugs but its completely superstitions. Think that nobody can make soping drugs besides drug dependency professional. So, don't hesitate to go to treatment.

Prescribed treatments:

- Attitude correction therapy
- Role play therapy
- Yoga meditation
- Family therapy
- Behavior therapy
- Group therapy
- Reality therapy

CHAPTER 19

DREAM ANALYSIS OF THE DRUG DEPENDENTS

Dream is a mental imagery during asleep. Many Psychologists believe it as a dual process of physiological and psychic process during sleep. Freud (1938) stated "Dream is an unconscious desire" or unconscious mind of the individual reflected in a disguised form. He noted that not all dreams represent a simple wish fulfilment. Many dream are rather unpleasant and some of them are full of horrible ideas and nightmares. All dreams represent rejected or repressed wishes. But some of them carry a violent inner conflict what represents a gratification, for the unconscious 'Id' may be perceived as a threat to the preconscious or conscious ego. Jung (1933) expressed that dreams are not only interpretation of repressed past but also preparation of future. He focused on the symbols of dreams which are called impersonal unconscious and collective images. He stated that particular things and parts manifest the contents which are taken symbolically and literally. Adler and Jung (1933) focused on "the way of new reinforcement is dream" which shows immediate future, emotional problems and the life status of a dreamer. Alder (1924) stated "It is true that dream is a bridge that connects the problem which confronts the dreamer which is goal of attainment". So, the meaning of dream may be different regarding to the status of individual difference (frame of references). The logic about dream by Glover (1928) was related with the scientific approach, where he focused on the dreaming which depends on the certain

stage of sleep and psychic activation of central nervous system. Blum (1969) said "dream is accompanied by rapid eye movements (REMS) recorded electrically with the eye lids closed, made it possible for experiments to awaken subjects from periods of light sleep (when dreams typically occur) and obtain their immediate reports of what had just transpired. The active process of distortion during the dream phase tend to reflect the day residues, undisguised memories or recreations of recent events in the dreamer's life which later get elaborated and woven into the dream fabric. this transition seems to contradict Freud's assertion that the dream appears from unconsciousness suddenly like fire work which takes hours to prepare but goes off in a moment". The exposure of unnoticed stimuli that manifest content were studied by Paul (1959), Luborsky and Shevrin (1956). Foulke (1964) concluded his dream study that the rapid eye movement is more disguised, bizzare and dramatic than thoughts elicited from awakening in prior non rem periods.

Dreams can be categorized in theoretical prospective. The major theories of dreams are (a) supernatural theory where the dreamers image the God and Goddesses, Demons and imps devils in their dream. They interpret their dreams according to religion and socio-cultural myth. (b) Physiological theory of dream believes in psychic status and emotional conditions along with the chemical functioning. They analysed the dream according to sleep stage (REMS, or non REMS) in experimental bases. (c) Stimulus theory of dream focused on sensory stimulation and activity in cerebral cortex upon the dream content. The dreamers satisfy themselves in their dreams which are not fulfilled in reality. (d) Psychoanalytic theory of dream focuses on unconscious répression and psychosexual (Libidinal) gratification. Klein (1928) divided dreams into different types:

a. premonitory dreams: these dream show the future of dreams

b. prophetic dreams: Dreams come symbolically and the people analyze those dreams according to their religion and tradition.

c. prodromic dreams: such dream doesn't come symbolically but the events comes in dreams, which initially effects in real emotional status and finally comes in reality.

The second classification of dreams by Klein (1928) is given below:

a. Collective dreams : Different activities by different persons in the dreams refers to collective nature, For example, when I entered an unknown house, one person caught my leg, other ran to bring knife, more than 5 were eating something, at the some time their boss was peaching them.

b. Kinesthetic dreams : Flying , soaring, floating , running , falling, climbing, crossing river, jumping from high places are categorised in this type. This is due to heart beat, respiration, blood pressure, relaxation and muscular activities.

c. Parlytic dreams : A stage of extreme fear and horrors in dreams which make frightened awakening, eg: somebody is ready to cut, beat but difficult to escape, the way is severely steep neither step forward nor the down and fear of fallen but difficult to cry.

The third classification of klein (1928):

a. Blind dream : limited image and colourless.

b. Recurrent dreams : suffring of anxiety, terryfying experience in dream which awaken the dreamer.

There are mainly two contents of dreams : (a) Manifest content; it is a exact image of dream recalled by the dreamer. Brown (1940) stated "This is the dream with all its bizzare association, its quick changes and its fantastic sequences."

(b) Latent content of dream is the form of meaning (analysis)

by the psychoanalyst. Association with the recent desire of a dreamer shows by latent content.

Hindu Mythology about dream and manifestation
 Manifestation of dreams according to Hindu philosophical myth are given below.

Table 19: Hindu philosophical myth of dreams

<i>S.N. Manifestation Content (images)</i>	<i>Effects or Outcome</i>
1. Drinking Milk	1. Succession of work
2. Eating Curd (yogurt)	2. Earning worth or achievement
3. Unmarried girl	3. Earning Property
4. Kissing and having sex with unmarried girl	4. Loss of Property
5. Fallen teeth and hairs	5. Sickness of children or death.
6. Carrying corpse	6. Extend of life expectancy
7. Invitation from the corpse	7. Fear of death
8. Rebirth of corpse	8. Gain the lost property
9. Rising stars	9. Promotion
10. Fallen stars	10. Looses the status
11. Eaten fire	11. Affords new land
12. Sexual intercourse with wife and pregnant wife	12. Increase the worth
13. Having garlents	13. Gets child
14. Taken garlents by others	14. Fear of death
15. Visiting temple	15. Profit in business
16. Worshipping God and studying Gita, Ramayan	16. Perfection in profession or skill development
17. Riding elephant	17. Getting property
18. Riding white elephant	18. Achievement of property and son
19. Flowers	19. Comfort life
20. Eating fruits and catching fish	20. Accomplish property

continue

21. Decoration of house
22. Entrance to others house
23. Firing in own home
24. Destruction of own home
25. Climbing on hill
26. Fallen from hill
27. Dry tree and wood
28. White bright sun
29. Black and dark sun
30. Eating sun, praying sun
or rising sun
31. Full moon
32. Raining
33. Lightening with rain
34. Lice, leach, snake,
scorpion
35. Tiger, monkey, lion, fox
and dog threatening or
giving pain
36. Meat, Fish, diamond and
snail
37. Alcohol, blood, gold, stool
38. Statue of God and
SHIVALINGA
39. Burning fire
40. Gift given by priest
(Brahmin), cow, yogi
(beggar) and ancestors.
41. Hugging by white clothes,
woman with white garlents

21. Unnecessary arguments and
gets ugly lifemate
22. Victory over enemy
23. Income from government
24. Loss of property or defeats by
court.
25. Prestige, Property and victory
26. Loss of enemy and failureness
27. Increase the enemy
28. Promotion
29. Loss of property and unnec-
essary tension.
30. Getting property and brave
son.
31. Earning new sources
32. Fear of sickness and offences
33. Overcome from sickness and
loan.
34. Admiration and victory
35. Wonderful achievements
36. Gets buried or lost property.
37. Gets unexpected money
38. Admiration from society
39. Gets victory, intelligence and
worth.
40. Get something in reality.
41. Gets fulfillments of desire.

continue

42. Yellow ornaments, clothes and garlents	42. Gets conscience and knowledge
43. Ash, bone and cotton	43. Loss and bankrupt
44. Women wearing with golden jewelry and priest's entrance home with smiling	44. Gets property and power
45. Fruits given by priest, God and Unmarried lady	45. Gets son
46. Good wishes by priest	46. Social respect and succession
47. Elephant caught with it's trunk and placed on to it's back.	47. Will be king or good leader.
48. Flower given by priest and hugging	48. Gets victory
49. Laughing, get marriage and dance	49. Great problem comes
50. Fallen teeth and shaking teeth.	50. Sickness self or children
51. After oil massage ridding on donkey, camel and buffalo and go to south	51. Certainly death
52. Ashok flower, Jatamasi flower, oil and salts	52. Comes the various problems
53. Naked black woman without nose, scull, black lake	53. Worry about death of somebody
54. Redhododendron flower and having white clothes	54. Gets problems
55. Anger couple of a priest	55. Loss of property
56. Laughing black woman having black clothes, singing black widow	56. Death of somebody in own relation or have to see spot death
57. Dancing, laughing, singing and running God	57. Loss of nation or country
58. Vomiting, urine, diarrhea, sperm, silver	58. Fear of death

continue

59. Hugging with black clothing woman wearing black garlents	59. Fear of death
60. Dead kids of deer, cutting hairs and getting garlents of bone or skull	60. Vicious problems
61. Massage with milk, ghee, curd, and liquid of sugarcane	61. Physical pain
62. Hugging with red clothing woman	62. Sickness
63. Broken nail, fallen hair, carbon without fire (Gol) Ash, cemetery	63. Self death fear
64. Bush and woods of cemetery, black metal, black ink	64. Problematic life
65. Wooden slipper, Board, Red garlents	65. Fear of wounds in body
66. Bathing, Monkey, Fox, bear and crow	66. Fear of sickness
67. Roaming around the temple, palace and jewelries home	67. Gets the property
68. Beauty woman does toilet inside the house	68. Becomes richman
69. Open Umbrella, Curd given by priest	69. Becomes king or leader
70. Books given by beauty women and taught by priest	70. Becomes poet, good lecturer and an intellectual person.
71. Taking to heaven by priest	71. Becomes the most rich and respected.
72. Ponds, stone, sea, river, white snake and hill	72. Gets worth and property
73. Self death	73. Long life
74. Purpose to be husband by beauty girl	74. Becomes popular
75. Rainbow, white cloud and garlents of diamond	75. Becomes richman

continue

76. Empty or broken pot and leprotic people	76. Pain and problems in life .
77. Wild pig, buffalo, and donkey	77. Immediate problems and blames.
78. Alive of corpse in dark horrible place	78. Suddenly loss and blame
79. Male and female genital organ	79. Problems
80. Immunization and weapons having black clothes armed	80. Death of somebody
81. Care of unique devil	81. Death of somebody relatives
82. Climbing tree, hill, riding elephant and horse	82. Gains worth and status
83. Eating curd, ghee, honey	83. Sweet food, respect and succession
84. Eating meat	84. Good news
85. Having the gift of shade, shoes and umbrella	85. Loss of enemy
86. Being a commander of arm	86. Becomes leader
87. Snake biting	87. Gets ornaments and jewelries
88. Female horse, Hen	88. Gets beauty wife
89. Eating curd or rice pudding on the bank of river	89. Becomes king

Objectives of the study :

- a. To find out the images of the dreams of the drug dependents.
- b. To analyze the psychological nature of dreams and to find out its complexities.

To find out the nature of dreams of the drug dependents, their dreams were collected by 40 poly drug dependents, who were living under treatment process. It was found quite difficult to recall their dreams; who were living only for 30 days (a month). The manifestation of dreams, major stimulus analysis and impacts are given below :

Table 20: Dreams of the drug dependents

S.N	Theme of imagery (manifestation of dreams)	Major Stimulus	Psychological impacts of dreamer
1.	Running due to fear of police arrest	Police	Fear asocial .
2.	Using drugs, inhaling brown sugar with full of trip	Brown Sugar and self	Immature Fantasy
3.	Sharing drugs with friends, police came and ran over there	Police and drug using friends	Fantasy and fear asocial
4.	I was involved in gang fight I cut somebody with shade	Shade on the hand and corpse on the road	Destructive antisocial desire and inner conflict
5.	A carrying corpse, became alive but I killed it again and buried, police was searching me.	Buried corpse and police	Self hopelessness and revenge and violence
6.	Arguments with my family, father was threatening me.	Father	Unconscious fear with emotional instability
7.	Dead grandfather was giving money, I was ready to go hunting drugs.	Dead grand father	Ancestors and affiliation fantasy
8.	Girlfriend was purposing for sexual intercourse and I did.	Genital of girl friend and her face	Repressed sexual desire
9	A spock pulled me on a rough garble road and finally ate me.	Spock and pieces of own meat	Aggressive urges fear with supernatural power
10	I was involved in gang fight, a group of people bitterly beated me and cut my hands and legs.	Blood	Group affiliation and physical destruction.
11	Hijackers kidnapped and took in to unknown place and threw on burning fire I was crying	Burning fire and hijackers.	Physical danger and insecurity
12	A red flame of volcano eruption spreading throughout the city, I was terrified and running	A red flame of volcano	Emotional Erratic aggression and fear
13	Motorbike accident- I was partially dead, my bike fallen into blue river and myself protect life catching a dry branch of tree but it broke and I blasted on cliff.	A black cliff	Loss and worry about self destruction.
14	When I reached my home, my home was burning and it converted into ash within a moment.	Burning fire and ash	Physical danger
15	Trees were fallen down on the black road I had no way to escape, no road.	Fallen tree and terror	Hopeless and physical danger

continue

	Some terror attacked me, I was worried.		
16	Wild creatures or unknown black animal pounce on me. It ate my body.	Black wild creature	Anxiety of lack loss
17	Doctor cut my heart on operation but unfortunately my body become a plastic sack. Myself was questioning how to walk? Somebody replied, carry this sack throughout your life.	White dressed doctor and a black plastic sack	Physical stress and confusion
18	Last night I murdered my parents, I was running carrying knife and full of blood. I was maximum afraid in dream.	Dead parents, knife and blood	Fear, aggression and tension
19	Police caught me and prisoned me in a dark hollow place. I was suffocating and crying loudly.	Dark room and police	Fear of offences and dissapointment
20	When I was hunting drugs, a plane flew on the sky and crashed with a blue flame, plane destructed with in single moment. Small pieces of plane spread through out me, when I saw one piece, It was really a packet of brown sugar.	Plane crash and a black packet brown sugar and burning plane	Physical aggression, fear of destruction and confuse
21	I forgot the way to my own home, I difficultly reached in home. Nobody was there but when I entered, all of my family members were dead. I afraid and cried loudly.	Dead family members	Self confusion and internal fear of death
22	Celebrating a last drugs party where king was pulling and digging a hole, a snake came from the hole and bitten us. We all were dead, king was laughing.	King and snake	Unconscious patterns of drug abuse and erratic fantasy and weak judgement
23	Living with family and lunch together.	Family	Self gratification and affiliation
24	My wife came to divorce me and she destructed my home I was serious sick	Wife and destructed home	Affiliation fear of social unacceptance.

continue

25	A snake having two mouth bite me and flue through the window	Flying snake	Unfulfilled sexual desire.
26	A beggar(yogi) came to me, gave hashish but badly punished me with his bow I was full of blod	Beggar bow and blood	Self pity and sadism
27	When I entered in my house my younger brother was dead my mother was crying	Dead brother and mother	Fear of destruction and death of companionship
28	Cobra entered in my room and shows its hook teeth, when I started to go, it tried to pounce on me; I was seriously afraid	Cobra	Sexual tension hidden stress
29	Earth was collapsed by unique demon and I was behind the demon, it made me son am put me on it's hand but I found wings and jumped over there without certain destination. Nowhere was land.	Self flying	Loss of existence, trust and stability
30	A woman kissed me but deny for sexual intercourse	Kissing woman	Sexual desire
31	Landslide completely dismiss the road when I was crossing it swift me in to river. River was so muddy that I couldn't swim but fortunately I found a large stone in the river. I caught the stone but no place to go and protect myself.	Natural disaster	Fear of destruction, a hostility and passivity confusion.
32	Sexual intercourse with unknown beauty girl	Nice chicks and eyes	Sexual desire
33	When I entered my house, my father kicked me from the house and police arrested me in drug trafficking offences.	Police arrest	Fear of security and hopelessness
34	A ghost gives me always something saying drugs	Ghost	Supernatural mistrust and role confusion
35	I found money on the road, no body claimed it, when I picked it. It was poison, when I tested, I died.	Self death	Fear of self destruction and wellbeing.
36	A broken bridge and flooding river where I was trying to cross it but unsucced.	Broken bridge and river	Loss of self esteem and confidence.

continue

37	A Negro came to me and caught my hands. He put something on the earth a large river grew up over there. He order me drink it until it stop. When I started drink the water stopped coming itself. I was so thirsty that couldn't walk and he left me a large desert.	Waterless desert	Self confusion and passimisticness
38	My girl friend wrote me love letter. I received it but unfortunately I couldn't study once the letter because I had lost my eyesight. I was afraid.	Love letter	Affiliation and sexual need and worry about physical harm.
39	A peopleless old palace where I was claiming it my property. When I entered into the main door a large hole up to the center of the earth. I saw something red and gray; momentarily lava came out and buried my house	Destruction of old place	The burden of sin oppressed and fear of destruction
40	Smoking joint with friends but I found a skull in front of me	Skull	Self destruction, sexual perversion, incest or prostitution.

The major stimulus of drug dependent dreamers were associated with police, drug use and friends. The above data indicated that their desire of fantasy and antisocial activities were repressed in their unconsciousness. So, they tried to escape from police to go on same path for heavenly trip. The major enemy of a criminal antisocial activist is police, in this sense using illicit drugs and trafficking both are against the law. So, fear of arrest and torture of police were the major worries. Family arguments, gang fight, searching by police were the common habitual events of the drug dependent dreamers in their suffering life. That was the past memory of their life and wish fulfillment or may be holded resentment toward others. Proposing of sexual intercourse, image of girlfriends, kissing, living together, were the symbols of

sexual desire. The image of divorce, arguments with spouse were the unconscious fear of the dreamers due to their inhuman behavior toward their spouse. Kidnapping, hijacking, gang attack, caught by spock were the sign of physical danger which they imagined in their previous days. Images of fire, volcano eruption, plane crash and blue red flame, burning of own house etc were the sign of internal aggression and feeling of destruction. Landside, blue river, broken bridge, fallen tree, kick out from the home, barrier or block in path, difficulties in climbing referred their self defeated nature and failure of the drug dependent dreamers. Self flying, self death, sudden seen of skull, waterless desert, destruction of palace referred to the escaping behavior tendencies and deviated behaviours.

B. The major psychological complexities of drug dependent dreamers were as follows:

1. Antisocial fear.
2. Immature Fantasy.
3. Destructive antisocial desire.
4. Revenge and self helplessness.
5. Emotional instability with unconscious fear.
6. Affiliation fantasy with ancestors.
7. Sexual desire.
8. Aggressive urges with supernatural power.
9. Group affiliation physical destruction.
10. Physical danger and social insecurity.
11. Emotional erratic aggression.
12. Loss and worry about self-destruction.
13. Inducement physical asocial.
14. Anxiety of lack loss.
15. Non physical aggression and tension.
16. Dishonesty and fear of offences.
17. Physical aggression and fantasy.
18. Self confusion and internal fear of destruction.

19. Unconscious patterns of drug abuse and erratic fantasy.
20. Self gratification and affiliation.
21. Fear of social acceptance.
22. Unfulfilled sexual desire.
23. Fear of destruction and death of companionship.
24. Sexual tension and repressed desire.
25. Loss of existence trust and stability.
26. Hostility, passivity and confusion.
27. Fear of wellbeing.
28. Loss of self esteem and confidence.
29. Sin oppressed burden.
30. Sexual perversion and prostitution.

All sort of dreams of the drug dependents were masochistic dreams which were commonly related with the neurotic or psychopathic traits of the dreams. It was analyzed that most of the dreams of drug dependents were sadistic nature which proved that they had maximum psychological complexities in their real life.

CHAPTER 20

SCHOOL CHILDREN AND DRUG DEPENDENCY PROBLEMS :-

Number of drug abusing school children are increasing day by day in Nepal. Drug taking pattern seems starting by the early 'Teenage'. The curiosity in substances mainly occurs by cigarettes and chewing tobacco. Why do children pay attention in substance ? It might be the great question among the people. The major causes are given below :

- a. Children in their adolescent life are naturally very curious. They like to experience everything and verify by themselves. Once they attempt such drug related substances, can't quit easily.
- b. This age is completely peer influencing age. They like fun, gathering of intimate secret friends and share common experiences to each other. They like to do something different than others. When one of their drug using friend comes to contact with group norms, most of them attract in to chemical means of taste once.
- c. Adolescents initially start cigarettes as a symbol of maturity and drinking soft alcohols(beer) as a means of relax. They are influenced by media and any role modal; who is senior than them. Day dreaming (assuming) is the major behavioral characteristic of the adolescents. Their major interests are sports, relaxing, traveling, dancing, joking, laughing, watching T.V., listening music and songs etc. Neither

they are serious about their long term future nor they decide logically. They are used to doing what they are momentarily entertained. Such quick thinking, interest of relax (romance) and the desire of maturity leads them into drug abuse.

- d. Teens are the confused human beings. They assume a lot which doesn't come to reality. So, mistrust and doubt within their reality makes confuse in their surviving society and belief. Now a days, Nepalese children assume as American or European children but they have to live in third world which directly effects in the vast difference of aspiration and achievement. The lower achievement leads them into frustration and the frustrated children can't be motivated to goal directed behavior. In another hand, no more opportunities to glory their future and recreational activities of the youth. Perhaps, disappearance of self creativity, confused goal directed behavior and frustration are the major cause of drug seeking and intaking.
- e. Drugs related chemical substances are easily available in Nepal. This easily availability of drugs makes the school children to attempt them regarding their desire of mood alteration.
- f. Teens are neither adult nor child, they are just in transitional hour of their development. They are not mature physiologically as well as emotionally. Mainly the emotional immaturity of the 'teens' momentarily makes unstable, restless and feeling of insufficiency. 'Why not to do' ? Quick emotional behavior e.g. aggression, hate, love, resentfulness and sadness unknowingly break the moral and ethical code of school as well as family. Finally they indulge in drug abuse.

- g. Degree of parental guidance and availability of pocket money directly effect the school children in drug abuse. Parents and school must be aware of the children and harmful consequences of drugs. It shouldn't be done by the parents that my children would be happy with high amount of pocket money. Rather they should be aware of the misuse of pocket money of their child. If they have enough money they can misuse in substances.
- h. Our schools are always making slogans about quality education but the educating materials (subjects) are completely theoretical. Really, children are not interested in their studies. Listening lectures through out the day. So, they desire to escape from the boring lectures which doesn't match with their interest and not applicable in their daily lives. When they escape from school, they might seek pleasure/relax. This tendency slowly and invisibly leads them toward drug addiction.
- i. Most of the Nepalese schools have provided no counselor for children. Children are holding burden of courses, extra-curricular activities, professional and house work helps and many more social interpersonal problems. When the children reached in teen age naturally they hesitate to share their feelings to their family as well as teachers. The nature of our teaching is a model of preacher but no as teacher. Nobody desires to understand the status of student individually. Ultimately, the problematic students quit the school or fail in his exam then the parents and school complain about the low performance. They forget to deal about the student's daily emotional status, so that he/se could eager to learn. The major problems of students are fear of failure, feeling of shame and guilt, fear of punishment,

social stigma and misconcepts having lower intelligence. When a preacher gives lectures in class his psychological problems doesn't make him capable to be concentrated. He/she feels a great dilemma among the students, feeling of guilt and worthless in daily life significantly. Ultimately, makes attachments with the students having same psychological problems as well as problems in their studies. Such students quickly attract in drug related chemical substance. So, psychologist or education counselor must be recruited in each school of Nepal.

How to find out the students using drugs:

There are certain physical and psychological signs which clearly indicates the drug using students. The probable signs and symptoms are given below.

Physical signs :

- a. Dirty and unfit clothes
- b. Slurred speech
- c. Vulgar language
- d. Dull/sleepy
- e. Red eyes
- f. Sallow skin and pale face
- g. long hair
- h. Tattoos on his body.
- i. Use of black glass even in winter or classrooms.
- j. Avoidance of eye contact in the process of communication.

2. Behavioral signs :-

- a. Carrying marijuana, cigarettes, and tablets, match, lighter.
- b. Keeping post cards, posters and booklets related with drugs.

- c. Keeps attention on drug related things.
- d. Delay response and interestless in each activity.
- e. Rough and rude behavior with others.
- f. Carrying large amount of money.
- g. Starts to live isolated or lives with certain number of friends (Distrust others and keeps people at distance)
- h. Seeks quick gratification in stubborn nature.
- i. Fulfill from irrational tendencies, sensitive in self demand and damn care about others.
- j. Lose the level of motivation and self confidence.
- k. Lose the joy of life and seems irritate/hostile.

3. Academic signs :-

- a. Poor attendance in school without any valid reasons.
- b. Runs away from school, dropouts in school grades.
- c. Loses the concentration and interest in classes.
- d. Starts to involve in fight, making groupism.
- e. Starts to break the school rules showing hostile behavior.
- f. Starts to complain(blame) about teachers and school authority.
- g. Loses interest even in extra curricular activities and never completes homeworks.
- h. Shows sudden temper, agitation and rebellious behaviors.
- i. Desires to change the school rules and accuses low quality of teachers and school environment.
- j. Starts cheating openly in the examination, threatening to the examiner and friends.
- k. Obtains low grade (rank) or fail in the examination.
- l. Starts to behave disciplineless and dishonest manner.

3. Others signs and evidences :-

Certain evidence can be found with the susceptible person in his room and addiction related materials; e.g.:-

- a. Blade, silver paper, cigarettes, white powder, lighter, matches.
- b. Posters of Bob Marley, James Morrison and any singers associated drug addiction.
- c. Different smell in his room.
- d. Syringe, tablets, paper as litmus paper having figure of crocodile and scorpion.
- e. Figure of devil, Christ hanging on cross, spider, cobra, ghost and rough letters written on room, unmanaged bags and copy.
- f. Unnecessary telephone with friends their gathering and leaving home by making different issues.

How to deal with drug using students?

- a. Teach the students about the bad consequences of drugs and teach them 'no to drugs'.
- b. Forgive about the mistakes of past and encourage them to quit drugs.
- c. Stop criticism and punishment but make them aware of loving themselves for optimistic future.
- d. Communicate openly with such students and respect their feelings; so that they can ventilate their feelings.
- e. Help the students to strengthen their self esteem and self confidence.
- f. Inspire the students into their real needs.
- g. Never pressure the students to change because you can't change others but provide enough information so that he/she could realize him/herself.
- h. If you find your students having drug dependency and you are confident about it; you can't treat him/her; immediately refer to the drug dependency treatment centers or professionals.

CHAPTER 21

DRUG DEPENDENCY AND DISHONESTY

Almost all of the drug dependents perform their behavior dishonestly. They say something but break the commitment quickly. The unlimited promises of drug dependents never bind in self discipline. Sense of trust disappears along with worthless efforts for denial. Rather the drug dependents indulge in fantasy but are never conscious even about their own body and brain. They are so dishonest that they knowingly poison themselves. Drug dependent suffers from the traumatic experiences when he tries to stop drugs in the issue of longterm abstinence. Why does he starts again? Really, 'self dishonest'. No spiritual practices, normlessness and believe on materialistic existence. Diminishing social relation leads toward isolation and ultimately no sense of humanity. The panic situation for self among the drug dependents remains only the hope of death by using drugs. Regarding to the professional unmanageability it makes identityless and becomes a serious hazard in social expose. The never fulfilling expectation of drug taking may be continued saying once again and stop. Neither they can manage themselves nor they can manage drugs throughout the life, gradually becomes bankrupted in life potential, that is why they are dishonest.

The word 'HONESTY' having seven letters, but the meaning is quite vague and practicing it is really expensive. Description is given below :

H :- [Humble]

Many times you may have done in human behavior, remember! Many times you have done brutal behavior to others. But you were hesitating to confess it, beg excuses and give gratitude to them. Realize that your all resentment were fake issues of your unconscious mind; your resentment never comes to be true. Moreover, you are going to shorten your length of the death as a burning candle. Yourself and you will die as the bee; it does die after biting others. See a spider, it makes gills to trap the small insects but ultimately. Spider dies eaten by it's own child spider on the same gills. Your addiction is similar to the given example, how many days do you want to attempt slow suicide and self destruction taking drugs ? The right way is 'stop it and go on'. Accept it you are human being. You have intelligence with clear brain, protect it. You have healthy body (handicapless), maintain it. Start to respect the values of living and others. Thousands and millions of money you may have finished in your drug suffering life. Can you count it ? Find out the average expenditure of drugs for 7 days; then multiply with 30 and again multiply 12 and multiply with your suffering years. How many rupees you have lost for self destruction ? May be you are puzzled, but this is the reality. How many days do you uncloth and gave the drug dealer, how many days you off your boots, lockets and wrist watch to make rich a drug dealer ? How many days do you sell your bike ? How many days you fulfill your mother's eyes with tears and unnatural smite with dealer? How many days you indulge looking, hijacking, stealing and pick pocketing ? Surrender dear; you can't survive in this way. You are human being, start to think and behave as a human being. Mainly, you were trying to change other people but nobody can change others. "Accept the people as they are." Start to make good relation with others, seek your mistakes and change into

positive ways. Try to help others, if you can't, never betray others but start to love yourself, then others but never hate. Respect the norms and values of the people then they will respect you. 'Live and Let them Live'

O :- [Open Mindness]

Since you started taking your drugs, you have been cheating people, breaking rules, you are repressing your inner feelings and hiding your wrong doing. It became an unsolved problem for yourself and people knew your offences but they didn't know about your piled up inner mystery. You are tired of carrying a huge painful load of inner experience. But you were keeping any more feeling saying that 'they don't know my feelings'. Until and unless you share it, how do they know ? You are being as a 'whistle lock pressure cooker'. Cooker can control the optimum level of gases then it will be burst in huge sound and the existence of cooker may be finished. In the same way, your brain/mind will be burst, you can't repair it and finally you will be mad. Do you like to be mad? If no, ventilate your feeling openly. 'OPENMINDNESS' is described below.

O:- Opinionated feelings were killing you. So, never try to suppress yourself. You were holding a strong commitment to change others but you were not willing to change yourself. Your negative thinking and perceptual delusion which gradually lead you into worry, discomfort, unhappiness, aggression and peculiar feelings.

P :- Profligate use of drugs and scare of self consciousness eventually make you solid waste. You may have been arrested legally, captured-socially, incapable-physically, dull-mentally, bankrupted —economically, response less-emotionally. And again what are you waiting ? Start to share your feelings.

E :- Eager to exclude the feelings. Initially it is difficult for you, but gradually 'practice makes a man perfect' beg excuses for each fault and try to live in sober way. Never bear guilt and any more fear even if you were an executioner because you can't change your past, you have to live in present. Don't worry about future, it is uncertain. Share your feelings by confessing and writing. You are a creator of your problem, so try to subside yourself. There is no solution with your effort, otherwise you will be thrilling on the problems.

N :- Nurture gives you the greatest bio feedback to overcome the problems. When you start to share with other, every one starts to encourage you. You will get a novel feeling of love, courage and concern about yourself and your social surrounding. It unknowingly drives you self help and others. You may feel light around the dark cloudy life. If you continue your sharing you will feel the decrease of your life stress. So, Nurture is your major supportive agent for openminness.

M :- Modem of your brain neither desire the admiration nor the challenges of panic. Our brain is as a computer device, what you input; you will find the same output. It means computer can analyze and transmit the data in high speed. Like the same way; we input our data through our sensory process and our brain analyzes it, transmits it and stores it. Brain never demand us saying this data but we personally focus our attention to our pleasure. We can't find pleasure or suffer from the pain, we effect our brain like 'computer hang'. We desire easily gratification, carrying over ambitiousness at the same time feeling of failure, frustration, anxiety and depression because our brain neither desires it nor rejects it. Those all depend on our thinking, attitude and behavior patterns. Nice experience is the output of positive

thinking, positive attitude is cause of pleasant experience and behavior is the sum of thinking and attitude. So, your negative thinking is responsible for problem, change in thought.

I :- Intrigue of your past always flashes back in present:

Close your eyes and remember your drug suffering days. You will find pose to pose visual (photoes) like a film. Find out; how mysterious were they ? Those all are stored in your brain. Most of them you can share with the people but some of them certainly you can't say due to shame and fear of legal authority. Such events always make you irritate and fearful by coming your mind and sometimes in your dream. You may feel guilt. Stop feeling and start writing story and if possible publish it. If it is not possible draw respesenting your feelings and show all the events in artistic away otherwise your mysterious offences gradually leads you into humulation.

N :- Nobility of your activities lead you peaceful mind.

When you start the micro-creative or constructive works by avoiding drugs; you feel miracle in your life. Succession in your certain job which makes you dynamic person. People start to trust you and encourage you. Your self confidence level automatically increases as the indicator of thermometer in hot midday. Disappearance of family conflict and increasing social support helps you to cope with the situation and you start to feel any more responsibility. Your family and your society start to bind you in social norms and value system as a member. Finally, you feel peace on your mind and cooperation for noble job.

D :- Distinguish your right and wrong doing and determine change into positive way. Since your last day of drug addiction, you were cheating people and manipulating the

events. Major cause of such behavior was addiction. Whenever you stop drugs, don't worry about it. Differentiate the good and bad you have done in your life and make a list. Analyze the list which you have to change for your better life and share it with people. It helps you to develop yourself evaluation and self discipline development.

N :- None is perfect in this world. You may be thinking, 'What do I say ? I know nothing, many people are educated, rich man, prestigious people they may laugh at, tease me;' It means you are humulating yourself'. Say what you desire, never control yourself because nobody has mastery over this world. All are learning, you are also learning and teaching in each moment. Your own idea is more important for you; never think it does effect or not.

E :- Exhilarate your life as a ceremony: Since the starting of your addicted life, you were altering your mood. Almostly, you were sad, disappointed, and self defeated. When you will stop your hunger of drugs, you will start smiling; enjoy your life as a good manner. Feel yourself as you are a rose of a garden or a rising sun. Remove your inner reservation and make your mind clean. It gives you unique feeling of joy and eternal satisfaction.

S' :- Spleneticness always associates with obsession. Your emotional immaturity is the cause of your obsessiveness along with your addiction. You have obsession of drugs, as well as associating drug using people, place and using things. Your irritation and grumpy habit is due to the obsessive nature. Initially, avoid the drug using circle(bad circle), stop visiting drug available places and avoid the drug using things. If you have any other obsession e.g. sex, gambling, cheating etc they are secondary addiction. Be aware about it; when

you will be free from obsession you will feel fresh and peace.

S :- *State yourself what you gain and how was your pain.*
When you are practicing in openmindness, do you like a door ajar to ventilate your feeling ? If yes, practice to express what you gain and what remains the pain with you.

N :- Nicety

‘We do what we almost think’. When we have clear positive thinking, nothing disturbs us. Stinking thinking helps us only judge others’ mistakes in selfcentric unethical assumptions. You will be buried to your own created problems even though you continue denial with people and events. You may blame the people and be manipulated by the real events. Your negative reaction increases unknowingly day by day. So, people think you are full of poison and hesitate to speak. Nobody desires to make relation with you. You may dream unrealistically which never comes in true. Holding emotional behavior and thought of revenge makes you maximum impulsive so you start to behave others as cobra. So, nicety is positive thinking associated behavior to refine your rudeness. The detail thought about yourself; concerned in each present event and a clear vision for the future. Moreover, it gives us a way of spirituality and teach us a quality of behavior. Politeness in our speech, gratitude to the people, say ‘sorry for mistakes’, respect and love with the people. A confusion less daily life having good manner is nicety.

E :- Enthusiasm

A great will or eagerness to do something is enthusiasm, especially scientific interest to invent something for admiration. Strong desire being wellbeing having good social respect as well as feeling of innovativeness with

energetic manner. Active habit and charming appearance in each socio-interpersonal relation. Scientific curiosity which never rest or terminates the acts. Delusion in thinking poor perceptual judgment capacity and novel visionless personality regarding drug dependency which defects in their character. The scarce of trust increases everywhere; rejected socio-interpersonal relation as well as failure in achievement may create frustration. The frustrated feeling associates with any painful events and comes in the mind obsessively. However, they try to escape from the problem but can't survive comfortably. The person becomes very suspicious, and day dreaming (assuming) and passive.

S :- Self identity and self realization.

Identity is the symbol of personal recognition in different social circumstances. Mainly, identity represents the individual's job; it means what he/he is doing. Most of the drug dependents have no job or any permanent employment due to drug suffering; So, there arises the question of "What does s/he do ?" nothing. A fact that no one of drug dependents admit that he is a drug dependent. So, the crisis of identity among the drug suffering people create stigma which is the secondary cause of dishonesty.

T :- Truth and Trust

Truth is a positive trait of personality, where a individual communicates exactly without exaggeration and reduction of the message. The term 'trust' is faith about self as well as any other matter in the social world. Both of the terms may be concluded in self discipline. Self control, clear judgment, and serenity are the major components of self discipline. Truth is self sincere as self impose behavior which gives pleasant experience up to long term. Voluntarily acception of something without suspicion is trust. It guides a

person in to core reality of the terms of life events, clear perceptual capacity, harmonious socio-adjustment and healthy judgement. Drug suffering people riot themselves due to weak self control. Neither they can limit in self discipline nor they trust others. The motives of the drug suffering is to manage drugs and more money than life. They never accept the reality knowingly. In the same way they never trust heartily. As mentioned above, the suspicious nature of drug dependents always turmoil their level of confidence and can't balance them in a true manner. The desire of immediate result dismisses the meaning of tolerance. If they wait for something they feel a great self sacrifice and great expectation. So, always scarcity of trust and truth is there among the drug dependents.

Y :- Yuppie

Yuppie is a positive trait of ambitious professional person. A dynamic person never depends on others. Such individual feels 'now' is the suitable time for me. I am not tired but more I have to do and I am learning something. The scarcity of professional skill and the weak self confidence of the drug dependents directly swifts themselves in to various dependency. e.g. drug dependency, economic (financial) dependency and family dependency etc. They may plan a lot, promise a lot but think themselves weak human. A complexity of drug dependents commitment is 'I will die using drugs but never say I have strength, courage, and ambition for something and gets of afraid of responsibilities.

Prescribe Psychotherapies

1. Work therapy
2. Cognitive therapy
3. Behavioral therapy
4. Reality therapy
5. Self existence therapy

CHAPTER 22

DRUG DEPENDENCY AND THINKING

Thinking is the active process of mind; mental manipulation with the ideas of an individual. Mental images, words, old memories, personal cognitive level, belief and perception are the major components of thinking. Thinking is assumption with language or certain sort of mental symbols of a thinker. It is completely invisible but leads to visible actions or orientation. Our concern in this topic is completely related with the thinking of drug dependents. An observation study was conducted in drug dependency treatment center; data were gathered by (N= 216) drug dependents in the treatment procedure of open sharing community meetings. Collected feeling were analyzed systematically and categorized into multi-prospective. The major objectives of this study were:

- i) To find out the thinking patterns of drug dependents.
- ii) To find out the causes of inner conflicts and family maladjustment due to specific terms of thinking.
- iii) To find out the causes of identity confusion and loss of motivational patterns.

It was concluded that the major thinking structure of drug dependents were as follows:

1) Complexities in thinking:

- a. Obsession in thinking : Thinking in any matters which are related with recent national/international affairs, doesn't take place among the drug

dependents. Especially there are three dimensions of thoughts of drug dependents :

- a. Manage next dose of drugs (availability), thinking about the money to manage drugs (affording) and thinking about suitable way of using and suitable place to consume drug for heavenly trip (optimum euphoria in safe zone)
- b. Momentarily to assure the way of manipulation to his/her family members so that any suspicion of their family and doesn't interfere in aimless survival.
- c. Thinking about the choice of freedom: Drug dependent's choice of enjoyment and sense of freedom are associated with the habitual choices of chemical. "I am entertaining my life; what differs to others? When ever I am not consulting why you are plotting me? All are against me beside my drug using circle.

2. Thinking with freefloating feelings :

Thinking about unethical/unrealistic matter which creates controversies about actual way of living. Assuming self as a friend of Bob Marley, enjoy as 'MAHADEV', bliss of life, careless HIPPIE and brave 'DON' etc. Those all sort of unrealistic thinking lead to unhaving qualities of personality structure. Due to stinking thinking of drug dependents never think about "do I have such quality? but false pride of the dependents hurts others along with their irrational belief and baffled feeling. A major weakness of drug dependents is assume (dreams) a lot but implement themselves never and nothing.

3. Pleasing is the major phenomenon :-

Most of the drug dependents were found carrying as a major principle of 'pleasure'. They can't accept unfavorable results. In such conditions they are used to taking drugs for

their easy coping or facing with the challenges. Appearance of new challenges are the matter of self pity; so, they seek the easy alternation (corner cutting) to escape from the major problem and gain the escaping behavior which proves themselves irresponsible. "All are okay but how poor I am ?" Nothing, where pleasure ? It means feeling of inadequacy, fear and rejection in thinking.

4. Thinking about perfection :-

Drug dependents always desire the attention, excessive love and sympathy. They compare themselves with any other family status or family interpersonal behavior by making issues of self inapproval. How lucky he is ! How nice parents they are ? But what to do ? my family are idiot. (KE GARNE) 'No one try to understand me' (KASAI LE BUJDAINA) I have nothing as my desire; no family affiliation, no nice job, no beautiful wife/girlfriend or husband/boyfriend to love me, help me and concern me. No dignity and respect, nobody asks me for any decision, I have no value in this house. Nobody in this house has humanity and knows nothing. The perceptual weakness of drug dependents is integrity illusion vs. component perception and component illusion vs. integrity perception. I found that male drug dependents think about the integrity (whole object/events) but forget to think about its cause, effects and efforts as a micro variable. Female drug dependents think about components of events or object but forget to think about whole events and consequences. Drug dependents think about self perfection as a grandiose structure.

5. Thinking about past orientation:

Drug dependents were found to be thinking about past events which bitterly effects in present. Most of the drug dependents were found pessimistic about their future.

The past events which they were thinking were related with sorrow more than pleasure. The sorrowful past of the dependents compel to critical thinking and blaming others. Negative aspect of thinking by drug dependents progressively leads into a symbol of looser even though they think themselves an unique person for survival. Thought about hopeless future and rejected present compel them into drug addiction.

6. Thinking self orientation and weakness to others

Drug dependents never accept their weakness when they are suffering in life; even they admit the misdeeds, the accumulated evidence and cunning mind easily blackmail the people. Almost they accuse others and think about the weakness of others because they are full of negative traits of personality. Neither can they change their attitude nor their thinking without quitting drugs.

7. Non Users (Unhaving drug dependency) are neutral

A common belief of drug dependents is associated with joy of life. They think themselves are enjoying life but non users (non dependents) don't know about the heavenly pleasure. So they don't have courage to attempt those drugs and survive in full pleasure. That is why, they use to say non users are neutral (HIJADA). Self centeredness in thinking and desire of instantly gratification of mood altering leads into conclusionless thinking and reacting others indifferent issues.

8. Thinking with preoccupied mind :

The compulsive drug using behavior changes the entire thinking patterns of drug dependents. They think police as an enemy, thinking self hanging on self destructive trap where no ways to escape. Worries about physical conditions

and social incorporation. Hidden aggression of the drug dependents can't control themselves. So, they think about others 'I can change others' using the strong aggressive behavior. When it doesn't come to exist in the real world they think no use of bargaining and ultimately decide to isolate from living.

How to change in Thinking Patterns :-

Some tips for positive thinking are given below :

- a. Accept the people, places and things as they are.
- b. Think, I must be free from drug dependency, economic dependency and family dependency.
- c. Accept the life as it's terms; all sorts of ups and downs are the reality of your life.
- d. Don't think about quick achievements.
- e. Pay attention when others are speaking and listen to them.
- f. Clear your polluted thoughts, think using your brain but not use crazy mind.
- g. Appreciate the healthy criticism that you are carrying many weakness.
- h. Be self honest and appreciate others honestly.
- i. Devote your time in constructive works.
- j. Never compare yourself with others.
- k. Evaluate your abilities and behaviors and give priorities in positive actions
- l. Stop cheating, back biting, tripping, and corner cutting.
- m. Be ready to face problems because they come with solution.
- n. Learn to accept your mistakes.
- o. Stop making excuses and blaming others.
- p. Be polite / humble and be kind.
- q. Think positive, talk positive and do positive.

- r. Give importance in time, works, your own health and good social relation.
- s. Never seek joy; your joy is within you learn the art of living(chemical free life)

Prescribed Treatments

- 1. Attitude correction therapy
- 2. Reality therapy
- 3. Cognitive therapy
- 4. Behavior therapy
- 5. Group therapy

CHAPTER 23

DRUG DEPENDENCY AND UNMANAGED LIFE

When an individual suffers from drug addiction, it effects on the multi dimensions of his life. There is a proverb "first the man drinks alcohol, then the alcohol drinks the man". Drug dependency is a problem of social adjustment, bio-chemical function of the body, psychological problems of attitude, behavior, thinking and spiritual problems of disrupted values and morality. Single addiction has complex problems along with chemical substitute, which makes unmanageable life of the dependents. The probable unmanageabilities are given below:

1. Physical unmanageability

Drugs generally effect on the cell system of a user's body and alters the natural neuro chemical balance. The affected brain system directly effects on psycho-motor system and sensory process. Scientists have proved that "drug degenerate the brain functions. So, many traffic accidents happened due to alcohol/drug use. The individual loses the weight of his body, seems completely thin and pale face.

1. Degeneration of the brains cerebellum and effects in movement and psycho-motor activities.
2. Degeneration of the corpus callosum (connect the two sides of the brains) effects in communication and the left brain for logical thinking and right brain for special skills.

3. Degeneration of the hippocampus which effect in memory.
4. Long term dependency initially creates mood disorder. Patrick Zickler (1999) stated "drug abuse patient may develop depression as a result of the physical and psychological suffering associated with their drug use".
5. Initially drug abusers may feel increased sexual capacity but ultimately drug decreases the sexual capacity. Almost of the drug abusers don't get sexual satisfaction without taking drugs because of early fall of sperms. In the females, it makes irregular and painful menstruation and affects the baby of the pregnant mother. In male's cases long-term drug dependency leads towards infertility.
6. Drug dependency creates heart disease, liver cirrhosis, gastritis problems, kidney and urinary problems and problems in spleen.
7. Drug dependency is a 'slow suicide' but unfortunately it may create accidents and physical injury.
8. Sharing of single syringe having HIV positive transmits HIV to non HIV positive injecting drug user.

2. Emotional Unmanageability

A drug abuser tries to hide his problems along with his drugs in the initial stage. This tendency takes place up to the chronic stage of addiction. He can't say about his drug associated problems openly and carries fear of his family however he can't stop drug, which creates great confusion and fear problem. Fear patterns can be divided into three parts:

- a. Fear of unavailability of next dose of drugs and secret use.
 - b. Fear of finance, caused by stealing, smuggling, looting, borrowing, and selling of goods, utensils, jewelries etc.
 - c. Fear of future due to powerlessness over the addiction.
- The individual sees the whole society and he compares with all. He/she feels no way to achieve that status and

feel guilty about his day to day wrong doing in society which kills the individual in each moment.

Emotional unmanageability starts from his manipulative behavior. A suffering drug dependent tries to show up his affiliation specially with one of the family member e.g. sometimes mother, and starts to blame his "father is cruel" again misbehaves him. When the mother starts to cooperate him/her again starts to create another issue. Almost of the alcoholic blames his wife is ugly, characterless, virtueso and she doesn't love; So, I am drinking" but the fact is manipulation. In the case of female, they blame their husband are playboys and do never love her but in reality that is manipulation.

Somebody says "my parents are responsible for my drug addiction and some may say due to addict environment in my surrounding." These are the techniques of accusing family, relatives, and society by a drug dependent. In the second stage they start to quarrel with family that you are always creating me stress or tension. So, now a days I am going to be angry and taking drugs for emotional relief. Some times they may show kind behavior to impact positively to their family members and any way snatch money and hurriedly go to drug taking. Manipulating and drug taking are co-existing behavior of a drug dependent throughout suffering life. If the family members completely stop giving money, and band him strictly; immediately one feels isolated. The feeling of insupport and loneliness starts to grow up and accuses unhaving love, care and concern by the family. Frustration takes place in spite of their financial as well as chemical dependency where he thinks about the loss of survival. "How many days do I survive dragging life ? Solution is never possible for drug a dependent before quitting drugs because he never accepts his addiction

problem. Moreover, he starts to show aggressive behavior and holding resentment. For a certain duration 'anger works' due to hurt of family and fear of destructions of equipment, e.g. furniture, television, cupboard etc. but ultimately, family become aware of that brutal behavior and starts to kick him out of the home. When he leaves home he starts to live with friends, relatives or alone but can't run. The amount of the daily expenditure becomes quite difficult, doses of daily using drugs increase extremely; chemical changing and drug mixing process rises up to optimum level. He can't cope for a long term drug taking, different disease, fear of legal authorities due to illegal works and finds no way to escape. He/she feel that the whole world is plotting to him/her and no way to survive, ultimately feels completely depressed. A depression clock regarding emotional unmanageability is given below.

Depression Clock

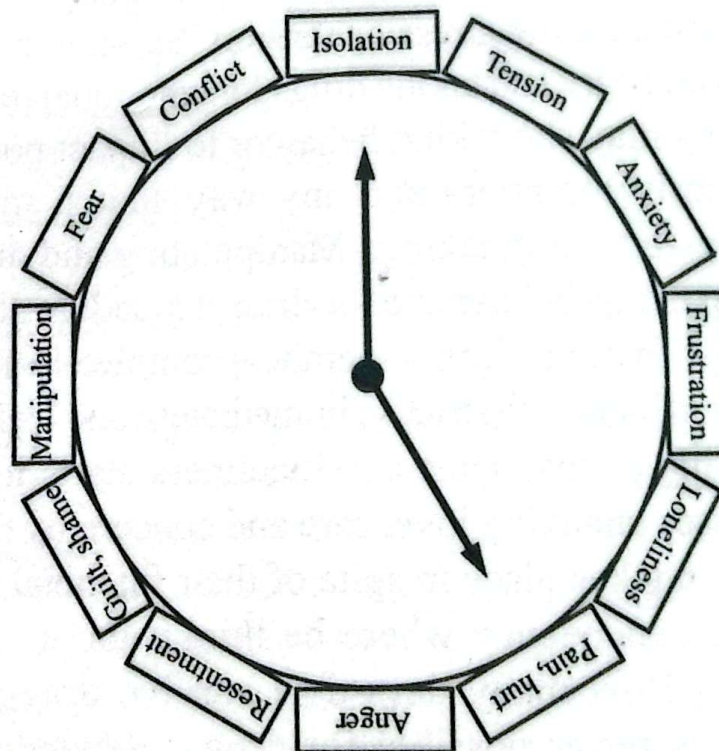


Fig. 16

3. Occupational Unmanageability

It is quite difficult to find out the job being a drug dependent in spite of lower constructiveness and addiction oriented behavior. No one of the employer likes to provide employment to a suffering drug dependent. Even, the drug dependent who has already grabbed employment, can't show the portfolio properly. Unpunctuality and lower self confidence lead them irresponsible manner. They have to spend more time for financial arrangement and drugs management. Altering brain of a chemical user can't work properly and loose the official responsibilities. The person who are in the managerial, financial and cashiers post ultimately collapse the organization. Monthly payment won't fulfill the drastic increasing afford of the drugs; then the individual starts to take salary prior to month and loan from the institutions. The person starts to misuse the official amounts in drugs. Loosing of official time obviously effects in service as well as to break the rules and regulations of the office. Many times he gets suggestions from the employer but he never accepts the suggestions. The individual starts to lend money from the co-workers and ask money from each staff by making reasonable issues but the dependents will never succeed to return

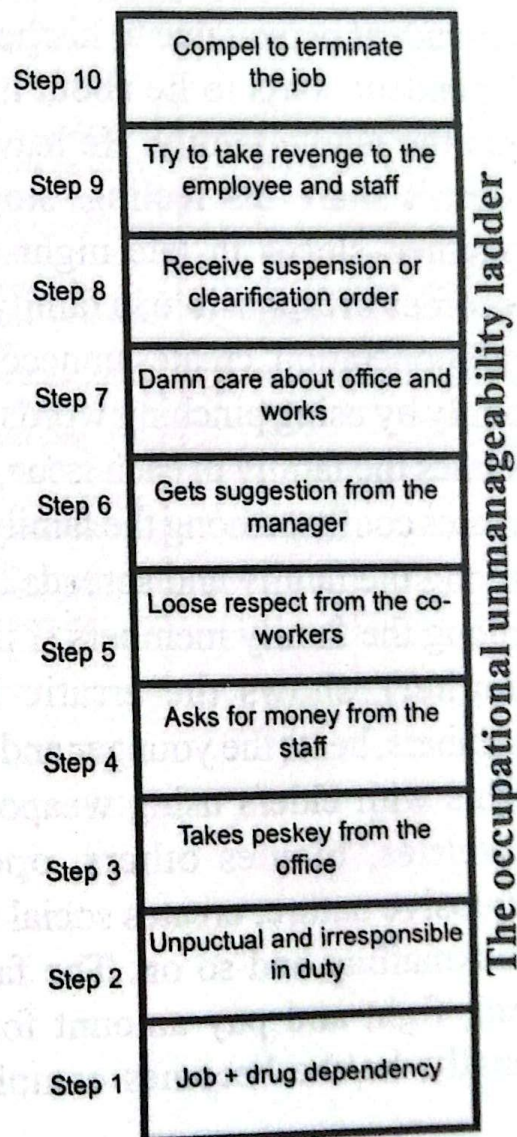


Fig. 17

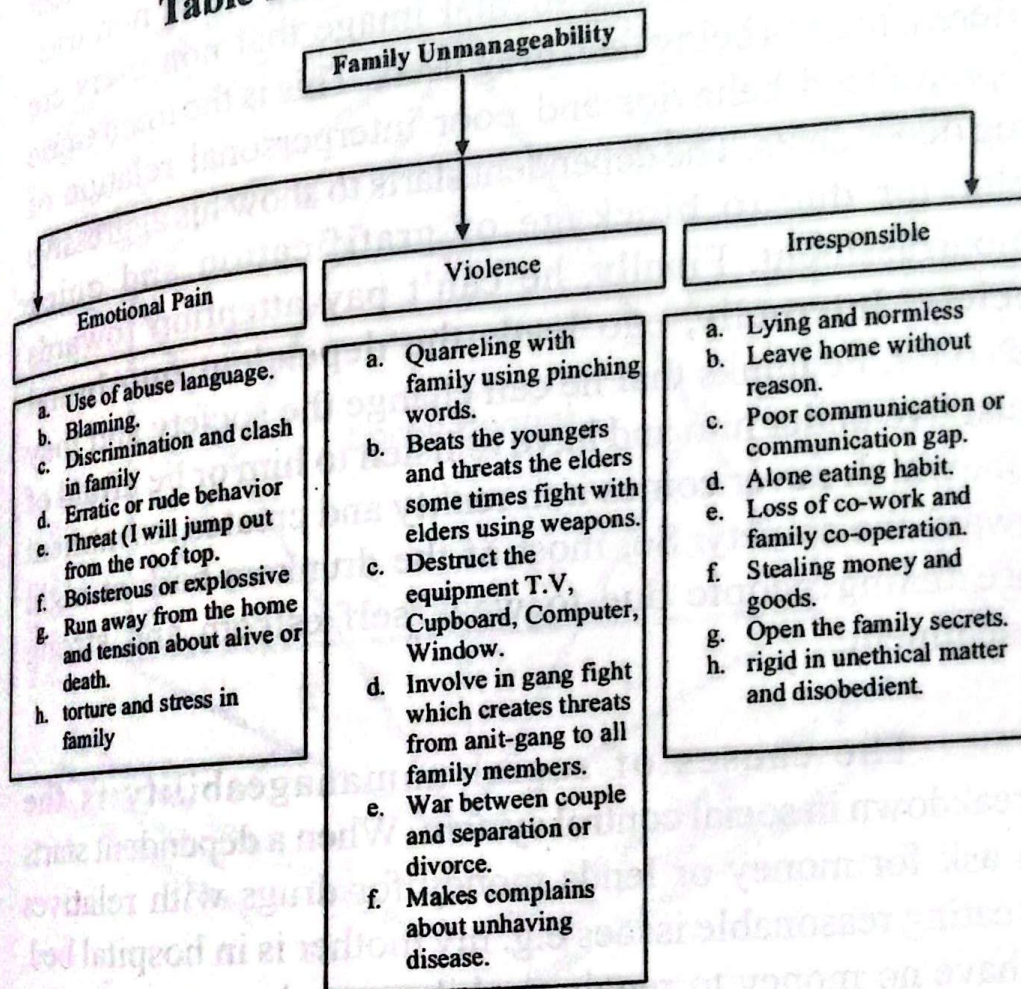
money. Whole staffs start teasing and disrespecting to the drug dependent and becomes trustless among the staffs. He/she receives the suspension order or menu of clarification. Again the individual takes it negatively and tries to revenge with manager, co-workers and employee. Finally, the dependent himself compelled to loose the job.

4. Unmanageability in family relation :-

Drug addiction associates with the psychological complications of emotional behavior and negative attitude. The negative emotional factor directly makes victim of the family members of a suffering drug dependent. 'Addiction never happens over a night and suffering won't be limited within him'. Family becomes the first victim of a drug dependent person due to his/her behavior. Initially, the drug dependent starts to lie about his faults and slowly starts to trap the whole family. He leaves home without reasoning, doesn't share his feeling, stops taking lunch and dinner together, sleeps in late night and gets up around 10 am, becomes irresponsible in family co-works, completely loses the cooperation, creates unnecessary issues and quarrel with family by using pinching words and using abusive language, blames the family in each issue, uses the cunning minds and creates conflict among the family members. He discriminates among the family and spreads the feeling of discrimination among the family members (I like you but don't like to see him/her), shows the erratic behavior with the family members, beats the younger and hurts the elders. Sometimes fights with elders using weapons, steals money, goods or jewelries, blames others, opens the family secrets in explosive nature, creates social stigma by stealing, looting, blackmailing and so on. The family has to face threats of gang fight and pay amount for his/her convicted crime. Finally, he/she becomes completely alienated and leaves

home forever but the family has to bear the tension about his possible death. So the condition of the dependent's family is as vulnerable as a drug dependent. Those all sort of family problems are due to addiction as well as addictive behavior. The chart of the family unmanageability is given below:

Table 21: Family Unmanageability



5. Social Unmanageability:

The dependent starts to declare all the society as a neutral mass (HIJEDA) and overestimation. He thinks himself is enjoying life. The whole society is foolish and greedy. I am enjoying my life carefreely; no matter of social values and norms, myself is more valuable than anything, all are concernless (BAL MATLAB). Slowly, the dependent starts to categorize the people eg: drug user and non user, the dependent makes the mental image that non users are different human being than drug users. This is the main cause of prejudiced behavior and poor interpersonal relation of drug dependents. The dependent starts to show his aggressive behavior due to blockage of gratification and quick embarrassment. Finally, he can't pay attention towards society. Internally, ego leads the dependent into brutal behavior, he thinks that he can change the society and they must live under him and have to listen to him or be afraid of him, which never comes into reality and creates resentment toward the society. So, most of the drunkers bark at night threatening people due to weak self esteem and strong resentment.

The causes of social unmanageability is the breakdown in social control system. When a dependent starts to ask for money or lends money for drugs with relatives creating reasonable issues e.g. my mother is in hospital bed, I have no money to repair my bike, new house purchasing etc. but can't return that money. Such behavior makes the dependent socially trustless and again the dependent starts to carry out the goods from one's own home, relatives and any available places and asks for money by depositing the goods. This behavior leads the individual socially bankrupted. The dependent starts to express "I will show you all keep waiting me" or "you all are dominating me, by

today I declare to cut-up the relation". He challenges to the social servicers, local political leaders. "You all are made by us. Keep on waiting, I will show my power once."

Social unmanageability 'G' figure

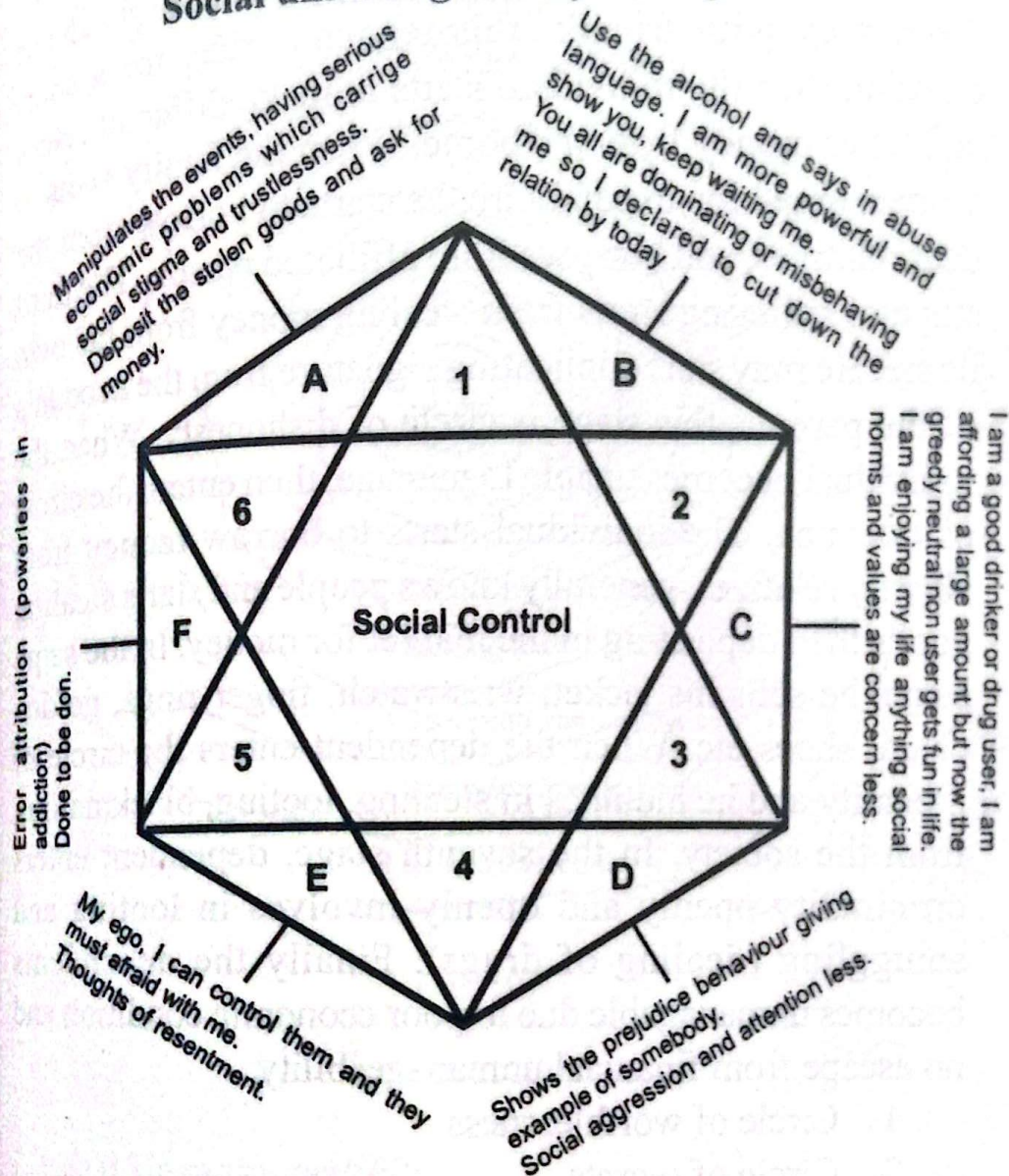


Fig. 18

1. Ask for money with unexpected person.
2. Quarrel, threat and challenge with relatives and socially reputed person.
3. Avoid the social relation and social value and norms.
4. Socially irresponsible.
5. Disturb neighbors.
6. Indulge in stealing, looting, hijacking, blackmailing smuggling and gang fight.

6. Financial Unmanageability

Financial unmanageability can be described by the 'p' circle of drug suffering. Any drug dependent starts from the circle of worthlessness. He pays for drugs from own pocket money. If pocket money is not available, he/she shares the money with friends, this tendency runs for a short duration then the individual starts to make different issues and takes money from the home. When the family starts to suspect about his expenditure, he starts to borrow from the near relatives, and borrows from affiliated person. The third stage of suffering starts from stealing money from his own home. He may start duplicating signature from the accounts of the parents, this stage is circle of dishonesty. When the individual becomes unable to manage, then enters the circle of dilemma. The individual starts to borrow money from slightly relatives, generally knows people and starts stealing goods then depositing in the market for money. In the same stage, he sells his jacket, wristwatch, finger rings, golden chain, shoes etc. When the dependent enters the circle of illegality and he indulges in stealing, looting, blackmailing from the society. In the seventh stage, dependent enters criminality openly and openly involves in looting and smuggling (dealing of drugs). Finally the dependents becomes unmanagable due to poor economic condition and no escape from financial unmanageability.

1. Circle of worthlessness
2. Circle of secrets
3. Circle of dishonesty
4. Circle of dilemma
5. Circle of illegality
6. Circle of Criminality
7. Vicious Circle of drug dealing
8. Inner Core no escape from unmanageability.

Financial unmanageability 'P' circle

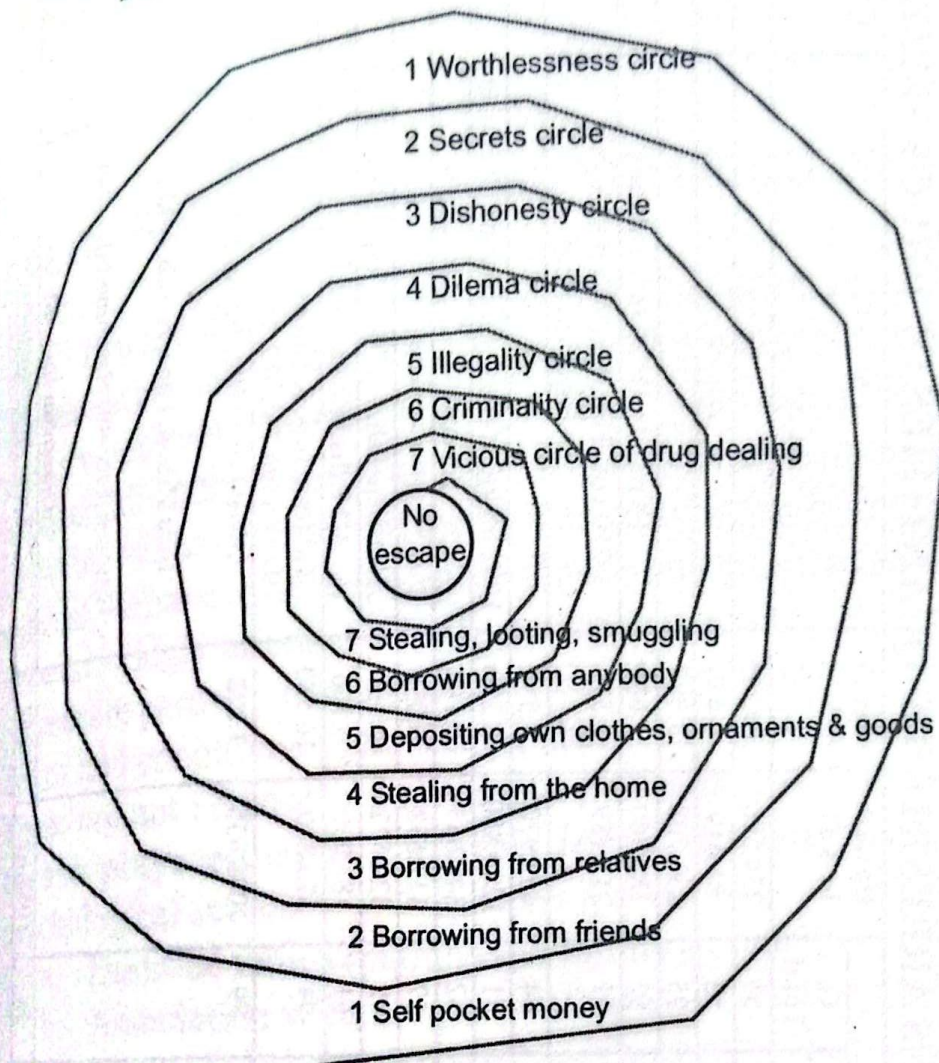


Fig. 19

7. Legal Unmanageability

Legal unmanageability due to drug abuse are drug dealing (trafficking), stealing, (good or money), smuggling and the criminal activities which associates with drug subculture e.g. gang fighting, looting, disorderly breaking laws. Bulletin on Narcotics (1996) stated that 'during the last 17 years 6246 persons have been arrested for drug abuse offences in Nepal' number of the people arrested in drug abuse cases are given below.

Table 22: NUMBER OF PERSONS ARRESTED & QUANTITIES OF DRUGS SEIZED

Fiscal Year	Person Arrested							Hashish in K.G.	Heroin in K.G.	Others	Comme- nts
	Nepalese			Foreigner							
	M	F	S.Tot.	M	F	S.Tot.	G. Total				
1992	45	1	46	7	2	9	55	734.500	19.215	-	
1993	44	2	46	7	-	7	53	81.419	6.450	-	
1994	80	1	81	14	-	14	95	233.708	8.987	-	
1995	44	4	48	7	-	7	55	186.940	1.684	18 pic. LSD+29 tab. Tidijesic	
1996	47	-	47	4	-	4	51	212.789	2.570	250 voll Tidi. Inj., 260 ltrs. Acetic Anhydride Acid	
1997	53	2	55	8	1	9	64	463.970	7.558		
1998	65	6	71	10	-	10	81	1284.880	3.230	160.600 kg. Hashish processing Chemical	
1999	20	2	22	10	-	10	32	348.665	0.199	Hashish Oil 2.100 Kg.	
2000	45	3	48	4	-	4	52	312.558	0.038	-	
2001	32	4	36	6	-	6	42	322.572	4.132	Nitrosen Tab. - 1740, Tidijesic Inj.-6	
2002	55		55	6	-	6	61	181.000	6.506	Methamphetamine 23 gm.	
2003	80	1	81	13	-	13	94	373.370	16.580	Tidijesic Inj.-55, Niteosen Tab.-240, Diazepam Tab.-17, Phensidel-3 lit.	
2004	73	6	79	20	-	20	99	1048.035	3.222	Alisia Tab. - 192, Juwan Tab.-24	
										Iriks Tab.-4, Panegra Tab. - 126	
										Nitrosen Tab.-40, Narpnine Inj. - 245	
2005	77	11	88	9	1	10	98	1053.622	5.267	Diazepam Inj. - 90 2 gm. Amphetamine	

NDCLEU (1992-2005)

DRUG ABUSE AWARENESS FOR PARENTS

Drug abuse in school age children is dramatically increasing and being hazards of national virtue. No one knows whose baby will be a drug addict. No one desires a junky child. In the same way no child intends to be a drug addict but we have to accept the bitter reality when it comes with us. We have to be responsible for our unfortunate faults done knowingly or unknowingly. In the case of drug abuse, parents are partially responsible but mainly the abusers are. Terms and conditions to be a drug abuser are given below. These are not responsible alone but combination of these causes plays equal roles in different situation and psychological status.

- a. Destitute family(pathogenic family).
- b. Association with drug sub-culture.
- c. Personal characteristics of the abuser.

a. Destitute family (pathogenic family)

The children, whose parents always make quarrel and fight to each other, use the vulgar words, blame each other; their children learns the same behavior. In another side the emotional problem of the parents directly effects on the emotional development of growing child which defects their character development. Children of divorced and separated parents can't get enough concern and affection which makes them frustrated, erratic and cruel. Faulty home discipline and sociopathic parental structure directly effect

their child; the conflicting hostile views self centered nature, earning for pleasure and fulfillment of child desire with money are the misconcepts of parensts. So, if you try to be aware of your children; give him good friendship and best guidance. The violent nature of parents and domination toward child, suppresses the ego strength of the child. The brutal negative attitude, communication problem and drug/ alcoholic family patterns knowingly discourage the child to ventilate their feelings. In Nepalese society father especially works out of home as well as out of the country too, eg: India, Hong Kong, Gulf countries, Europe, USA, Australia, etc. The long absence of the main guardian of a family creates something lack in the child guidance and loses the opportunity to learn from the role modeling. Desired attention and values can't be achieved by the child. In many homes father dominates mother or mother dominates father, this domination and rejection game runs until the unfortunate accidents of smooth family. In such condition, child lives beyond concern, care and love being depressed because, he feels 'I am unlucky child comparing with my friends' family and no meaning of life, finally becomes rebellious or drug addicted.

b. Association with drug sub-culture :-

When the child feel rejected from his own family, unsupported from his parents and lack of cooperation; he can't live in loyalty and honesty in his social boundaries. He feels isolated, helpless and becomes irresponsible. He starts to blame to others and threats others, he selects the friends as his emotional status. He starts teasing friends/girls, threat to teachers or backbiting about them, doesn't complete homework, does not participate in extra curricular activities, becomes out of discipline, gives interest in violent activities, does not follow the time table properly.

He starts to live with the group of selected friends, sometimes seems wounds in his body and uses slang language and starts smoking, drinking and taking drugs in group norms being a unique member of the gang; which is gang sub culture. Alcohol related drug sub cultural patterns is very vague in Nepalese context. The people who live in mountainous region belong to Indo-chinese or they are called Mangols, e.g. Gurung, Tamang, Lama, Sherpa, Thakali, Magar, Kirat (Rai, Limbu) and the inhabitants of mountainous and valley and Terai especially the ethnic groups Newar, Tharus as well as Rajbansi, Dhimal etc and Sudra (according to Hindu culture and traditional caste division they are called Matawali too). There are more than fifty two ethnic castes who use alcohol as practices cultural rituals. Alcohol and Chhyang (JAND) are culturally permitted in such society. So, these caste groups have drug sub cultural pattern and moreover the people who are living with them as a neighbor they also indulge in drug/alcohol subculture in the process of cultural sharing. The early drug history of Nepal was really as social accepted since the time of SHADHU, SANTA. They had been using marijuana as 'SHIVABUTI' and there is no legal boundary for YOGIS to use marijuana up to now. There were no more addicts until the decades of 1960. Only YOGIS, SHADHUS and the aging people of countryside were using marijuana. Slowly, the marijuana using pattern spread up to those people, who came intimacy to them; even though the problem was not visible. Around 1960, Hippies entered Nepal taking LSD or other drugs. They lived in Kathmandu, used chemical and made friendship with the youth who has good socio-economic status. However, the youths were living in strong social binding, occupied by strong moral boundaries, the set of traditional values couldn't survive in such set and failed into hippism gradually. The drug using people started to make gangs,

started to live in the temple, open street and finally became normless human being. The gang and hippy were the drug subculture. So, I would like to say confidently that the drug sub cultural pattern plays vital role to be drug addicted.

c. Personal Characteristic

In spite of the various factors, either biogenic or sociogenic, which effects the children's personality development. From the initial stage of his life he shows certain unique behaviors such as alienation, erratic, antisocial behaviours. Cheating, making quarrel at home, fighting with friends, unnecessary blaming to others, teasing, being leader wiselessly, expends money worthlessly, smoking, unpunctual, cunning, stealing money from the home, making excuses, threatening to others, manipulation on in small events, lying and back biting. He seems over smartness, bulky, selfish, funny, careless about future and personal character.

According to my 5 years' studies and experience, almost of the drug dependent's drug starting age was early teen age in urban areas and mid teen 15 or above in semi urban areas and late teen or above in the context of countryside. But this figure showed that the alcohol starting age was early teen in country side.

Youth (adolescents, young adults) are neither children nor man so they are running in transitional phase. Parents should be aware about their developmental characteristics, as well as changing patterns of behavior along with internal or external changes. Moreover, most of the parents think that I am keeping him under the strict environment but finally it does possible. So, give him always reasonable ways. Never try to cheat them and don't deal

negatively and never try to dominate the child. Give him/her possible alternatives and encourage them toward their goal and never make them over ambitious. The A to Z sign and symptoms of the drug abusing children are as follows:

- a. Calling phone with many friends without reason.
- b. Invites friends in his room and lives secretly.
- c. Shows sometimes silent or sometimes erratic behavior.
- d. Shows anger or starts argument without reasons.
- e. Can't be punctual at home or at school.
- f. Demands money telling different causes.
- g. Lives alone or don't like to talk openly.
- h. Lives with certain groups of friends, or night holtage with friends
- i. Uses black glass even at night or wear jacket even in summer.
- j. Likes to meet drug addicts, goes to disco and sleep upto 10 a.m in the morning.
- k. Starts to live alone, or with friends in the old temple, old homes, beneath the bridge, in the bush and lives unusual times (30 minutes to 1 hour) in bathroom.
- l. Doesn't like to go out of home with family and break up relation with relatives.
- m. Starts to make tatoos on his body.
- n. His/Her body gradually becomes thin.
- o. Can't see face to face always looks downward.
- p. Stops bathing and uses perfumes.
- q. Exchanges the clothes with friends.
- r. Makes unique and unfashionable hair style.
- s. Eating, sleeping and communication patterns differs completely.
- t. Scars of needles on hand/arms and any other parts of the body can be seen.
- u. Starts to loose money from pocket, purse or locker of your house.

- v. Starts violent or destruction for money.
- w. Starts to borrow money from relatives.
- x. Starts to steal T.V., VCR, Phone, Mobile. Jewelries or any other things
- z. Leaves the home and trouble in police station.

Fernandes Ocki (2001-2003) stated about drug education program via National Institute on Drug Abuse, are given below:

1. Possession of drug-related paraphernalia such as pipes, rolling, papers, small decongestant bottles or small butane torches.
2. Possession of drug or evidence of drugs, peculiar plants or butts, seeds, or leaves in the ashtray or clothing pockets.
3. Odor of drugs, smell of incense or others 'cover up' scents.

Identification with drug culture

1. Drug related magazine, slogans on clothing.
2. Conversation and jokes that are preoccupied with drugs.
3. Hostility in discussing drugs.

Physical signs

1. Poor physical coordination, slurred or incoherent speech.
2. Unhealthy appearance, indifference to hygiene and grooming.
3. Weight loss
4. Eyes : bloodshot eyes, bags, glassy dull.
5. Skin : sallow, premature wrinkling
6. Smell of alcohol, marijuana (incense, cigarettes, room deodorant to cover up)

Dramatic changes in school performance

1. Distinct downward turn in Grade.
2. Assignments not completed.

3. Increase absenteeism or tidiness.

Change in behavior

1. Chronic dishonesty (lying, stealing, cheating and trouble with police)
2. Change in friends, evasiveness in the talking about the new ones.
3. Possession of the large amount of money.
4. Increasing and inappropriate anger, hostility, irritability, secretiveness.
5. Reduced motivation, energy, self discipline, self-esteem.
6. Diminished interest in extra curricular activities and hobbies.
7. Association with drug using friends.
8. Memory lapse, short attention span, difficulty in concentration.
9. Avoidance of eye contact in appropriate wearing of sun glasses.

How to deal with children?

1. Communicate openly with your children.
2. Teach them to say 'no, thank you !' to cigarettes, alcohol and drugs.
3. Teach them "it's ok to seek adults advice, even if none, from your parents."
4. Nurture self esteem. Confident teenagers are less likely to follow the crowd to be cool.
5. Be aware that children are inquisitive. They will try new things and drug are easily obtainable.
6. Teenagers challenge authority and do the opposite of what you tell them. Let them make informed choices, talk about the harmful effects of drugs and alcohol rather than prohibit their use.

How to find out

You may find the clues of drugs:

Blade, mirror, silver paper, rolled note, syringes, needles, something like powder and different smell in the room, matches, cigarettes, something unprescribed medicine, tablets or capsules, bottles and unique figure e.g. crocodile, spider, broken heart, posters of singers shows rock and roll, letters showing uniquely written, pinching on pins, cemetery, devil, sign of Jesus Christ and so on.

What to do?

If you have declared that your child has addiction problem take him to the treatment centre. Don't try to change him yourself because you can't change him. He needs special help of professional psychologist and counselors of residential treatment centres. So, don't try to irritate the child yourself.

CHAPTER 25

STREET CHILDREN AND GLUE SNIFFING

In the mid October 2004, the writer and Ranjan Bista started a survey study about glue sniffing street childrens. We started our study from Teku, Kathmandu. Before glue sniffing how do the children come to the street and start such drug addiction related behavior ? It was the big question for us. When we entered Teku Dovan, we saw playing children on a small ground, fighting, running in the midday.

No schooling and having age 3 to 13. The big one was carrying the younger on his back. I felt the mass of the children were like the monkeys of Soyambhu. It was just feeling of short moment but internally the writer have strong compassion with those opportunityless children. They were throwing pieces of bricks, fighting each other, crying and so on. We wanted to distribute sweets but initially they didn't believe us. When we gave sweets to the small baby, more than 10 children came to see us but only nine children dared to ask us 'give me' one. They jumped as if they got an unique heaven. They were accumulated from India and different parts of Nepal. Next question for us, what do their parents do ? Really, their parents were homeless people and surviving by manual works, rag picking and working in factory in low payments. No money for their children's schooling. The Nepalese children were accumulated by running away due to different causes (there were various causes but now it is not enough to write). When we stepped forward, we met

three rag pickers children carrying a large plastic sacks. We try to talk with them but they didn't make any response to us. Again we tried, they walked quickly and ran away. We waited for them behind the Mahadev temple. Fortunately, one of them came there. We gave him some money and he went to ask about his friends. He replied, "they will return after sometime". But one of them pounced on us as a wild fox. When we gave some money and sweets, he said, 'what do you want ? we don't have time'. We continued to follow the whole day. Many times they showed us rude behavior, trustless behavior and disappeared with us. Again we changed our mind and tried to study their living conditions. We went to the bank of Bagmati river. We saw the small shades made by plastics, beneath the Bagmati bridge, behind the Hanuman Mandir, beneath the Bishnumati bridges. We continued our follow up and studied about their parents' lifestyle, friendship and intimate relation structure, and drug indulgence trends too. Unfortunately, Mr. Ranjan terminated this study due to many problems but I continued this for six months. What I found are given below:

Causes of glue sniffing :

Child development is the process of the growth of integrity. Most of the glue sniffing starting age of the street children were found at their childhood and early adolescent age. It's the crucial phase of relation building among the age group. The major issues of street children's were in group assimilation and admiration among the group activity and their survival. Even though, street children were socially normless, they have own norms among them. Due to threat of existence and social domination such children live in small group. Children desired love or belongingness among them. They earn money by rag picking, stealing or so on. They used to go to watch movies together, live together and share

their feelings among them. Many times I have seen them sharing of food (bread) together. In the same way, smoking and glue sniffing were continuing from their peer learning. So, that they get enjoyment in their painful life. When one of them use such drugs, he teaches the newcomer to continue. How does the newcomer learn ? Answer is very easy. To assemble in group value. The process of assimilation occurs knowingly or may be unknowingly. Feeling of esteem among the group and admiration of the heavy user is the greatest matter of increasing doses of glue sniffing and abusing any other drugs among the glue sniffing children.

Many people may think glue sniffing is only the cause of companionships but it is not true in all conditions. When the children are slipping under the open sky, who guides them properly ? It means, they have no guidance and no charity in their life. They are always suffering from social inequality and injustice or never benefit by the society but taking the risk of survival. Carefree life structure proves that they have been blasted by many waves of the crazy world. Weak self discipline and disruptive emotional patterns of the street children are the causes of bitter self experiences and guidanceless life.

The third cause of glue sniffing is to make intimacy. The people who were living under the organized life structure never trusted them. Moreover, they were scolded 'khat' such 'khat' children had no education, no food, no clothing, and sleeping. Really, they were in vulnerable condition. Day per day they were going to be isolated themselves. It means no trust, because of the mistrust; they felt unique qualities of human having unethical and never realistic thinking. They assured themselves king of the street, Boss of the street and unseen power of the nature (super natural power).

Fighting, scolding and using abusive language among the street children were common; even though, such behavior terminates by the order of boss (strong and senior of them). If somebody doesn't accept the order, the boss beats him bitterly. Why do street children make groups? There is certain area of the street children. If someone enters in any other's area which belongs to other groups, they beat the new group member. Boss protects the street children from the external threats but the nature of boss is very rude and exploitative, though they are living in group in certain area. However, they never trust their friends, when they take drugs, they disclose themselves and share about their concern, joy and sorrow. How does intimacy develop by glue sniffing? Easy answer, common daily goal and common problem, common job, common concern, common living.

Early in the morning they started picking plastics, pieces of iron and any other things on the pile of garbage, bank of the rivers and streets as well. They sold the collected potentials in the evening time. By the daily earning from the junk material, they purchased dendrite paste from hardware shop and sniffed putting it in plastic bag, It was the way of relaxation among the street children. Such common group behavior linkage were emotional experiences of the group with in single drug subculture; such drug subculture build the thread of trust among them.

Next cause of glue sniffing was easily availability of glue (dendrite). Dendrite paste is especially is for wooden works, carpets and leather but our government is not aware about it's misuse. Cost of dendrite is Rs 20-40 per 25 mg and it is available everywhere. There is no law to control this problem and even no prevention planning. The risk of health hazard is increasing among the street children. Long

term sniffing of dendrite causes physical and psychological dependency which leads toward addiction. It may effects in nervous system and makes poor sensory capacity (vision, hearing, smell). Moreover, it may effect in hormonal functions of the body. Directly it effects on lungs and liver, weight loss, imbalance emotions and over doses of sniffing is lethal.

CWIN research on alcohol and drug use among the street children in Nepal (2002) has concluded these facts:

1. The use of alcohol has become common among different caste/ethnic groups, among gender and among all age in Nepal.
2. 16% of children in Kathmandu leave home due to alcohol use in the family.
3. The median age of first exposure to alcohol was 11.
4. The alcohol act, 2056 prevents the selling of alcohol to children aged below 16.
5. Home, bar and restaurants were the major places, where alcohol (RAKSI) is initiated with 41% each and friend's place with 18%.
6. Among children at risk, alcohol is considered as a means for entertainment (39%), forgetting sorrows (17%), as food (10%) and as energy (10%).
7. Impact of alcohol as perceived by children includes domestic violence (35.6%), indebted (14.4), bad relation with neighbors, illness or death of a family member (3%) and decline in social prestige (2.3%) including children's involvement in alcohol use.
8. The overall ever use of tobacco is 55% among children at risk.
9. The more the hazard from child labor, the more children are associated with dysfunctional family, the more they run the risk of exposing with such substances.

10. Street children not only are always at risk of exposure to substance use but they also run the risk of physical and psychological stress.
11. The current prevalence rate of drug's is 20.6% and the overall prevalence of alcohol use children aged 10-17 is 17.4% for current use, with 21.8% for boys and 11.2% for girls.
12. Exposure of drug use largely depends on the company of children. The socio-psychological circumstances is much more favorable for drug use for children.
13. More and more street children are exposed to intravenous drug use, among them about 10% are believed to be exposed to HIV infection.
14. About 51.7% street children are addicted to glue sniffing, which is the trend among street children.
15. The issues of drug use and HIV among the street children is not giving priority by the organizations working on the issues of HIV and drug abuse.

BIBLIOGRAPHY

Aasara Sudhar Kendra (2059-61), **Aasara Darpan**, Kishor Offset Press, Kathmandu

Abelson, Herbert and Atkinson, R., (1998), **Drug Related Experience and Attitude Among Adolescents and Adults**, Government Printing Office, U.S.A.

Adhikari B., (2000), **Intergeneration Difference in Social Perceptions and values of Brahmins and Newars in the context of Acculturation in Nepal**, Unpublished Ph.D. Thesis, Banaras Hindu University, India

Amaral, D. and Polvora, F., (1983), **Bulletin on Narcotics, ODCCP-Bulletin and Narcotics issue U.S.A.**

American Academy of Child and Adolescent Psychiatry, (2001), **Teens, Alcohol and other Drugs**, American Journal of Psychiatry, U.S.A.

Bandura, A., (1999), **A cognitive analysis of substances Abuse**, Psychological Science Bulletine U.K.

Baron, R.A. and Byrne, D., (1999), **Social Psychology**, Prentice Hall of India

Basnet, R., (1989), **Socio-Demographic Characteristics of Drug Addicts in Urban Area of Nepal**, Unpublished M.A. Thesis, T.U. Nepal.

- Beck (1976), **Beck Depression Inventory**, Standford University Press, U.S.A.
- Bejerot, N., (1980), **Addiction to Pleasure**, NIDA U.S.A.
- Bennet, W.J., (1986), **Specific Drugs and Their Effects**, U.S. Department of Education, Wiley Publication U.S.A.
- Bhandari, B. and Subba, C., (1992), **Students and Drugs in Nepal** Unpublished Report T.U.
- Bhandari, R.K., (1998), **Drug Abuse in Kathmandu Valley**, M.A. Thesis (unpublished) T.U. Nepal
- Bisht, A.R., (1995), **Bisht Battery of Stress Scale**, National Psychological Corporation, Agra, India
- Bista, R.D. (2005), **Alcohol and Drug Facts**, Unpublished collection booklets.
- Brown, J.F. (1940), **The Psychodynamics of Abnormal Behaviour**, Eurasia Publishing House, New Delhi.
- Central Association of Psychology Nepal, (1994), **The Inner Space**, CaP, 1994.
- Chandy, P.V., (1994), **A study of Effectiveness of Accupunture and counseling as a combination therapy in the Rehabilitation of Drug Addicts**, Unpublished Ph.D. thesis T.U., Nepal.
- Chatterjee, A., Uprety L., Chapagain M., and Kafle K., (1996), **Drug Abuse in Nepal: A Rapid assessment study**, Bulletin on Narcotics, UNDCP Nepal

Chen, Geran D.L., and Lee., (1994), **Narcotics, Javenile Delinquency and Social Policy**, Basic Book Publication, U.S.A.

Chopra, G.S. and Singh, P., (2001), **Studies on 300 Drug Addicts with Special Reference to Psychological Aspect Etiology and Treatment**, Bulletin on Narcotics, U.S.A.

Cole, M.G., (1991), **The Childs' Appeal**, TT Ranganathan Clinical Research Foundation, Madras, India.

Coleman, J.C., (1998), **Abnormal Psychology and Modern Life**, D.B. Taraporevala sons and co. P. Ltd., Bombay, India.

Data D.R., (1998), **Social Humanistic Thinker**, Ina Shree Publication, Jayapur, India.

Drug Control Department of Nepal, (2005), **Repots of Drug Smugling and Arrest**

Ejam, D.R., (1996), **Social cost of Drug Abuse: A study of Drug Users and Families in Kathmandu**, Unpublished M.A. Thesis. T.U. Nepal.

Eric, G., (1972), **Drugs in American Society**, McGrow Hill Publishing Company, New York.

Fernandes, O., (2004), **The High School Parent-School Handbook**, American International School of Johannesburg, AISJ Drug Program.

Fishbein, D.H. and Pease, S.E. (1996), **The Dynamics of Drug Abuse**, Allyn and Bacon, Boston, London

Gilbert, J.G. Lambardi D.N., (1967), **Personality Characteristics of Young Male Narcotic Addicts**, J. coun Psychology Publication U.S.A.

Grilo C.M., Backer, D.F., Fenon, D.C., McGlashan, T.H. (1996), **Conduct Disorder, Substance Use Disorder and coexisting conduct and substance use Disorders in Adolescent Inpatients**, American Journal of Phychiatry, US.A.

Hathay, S.R. and McKinley, J.C. (1970), **Minnesota Multiphasic Personality Inventory**, Univesity of Minnesota Press

Hilary, R., Bert, P. and Jackie, M. (1996), **Alcohol, Streets drugs and Emotional Problems**, Dual Diagnosis series, Hazeldon Centre, Minnesota, U.S.A.

Hilgard, E.R., Atkinson, R.C. and Atkinson, R.L., (1975), **Introduction to Psychology**, Oxford and IBH Publishing Co. Pvt. Ltd. New Delhi

Hurlock, B.E, (1981), **Developmental Psychology**, McGrow Hill Inc, New York

effrey, M., (2002), **Theories of Personality**, John Wiley and Sons Inc, U.S.A.

250
e, G.W., Knzek, L., Watson, D. Simpson, D.D., (1991), **Depression and Descision Making Among Intravenous Drug Users**, American Journal of Psychiatry, Issue 68, APA, S.A.

Kandel, D., (1980) **Drug and Drinking Behaviour Among Youth**, Annual Review of Sociology, Wiley Pub. Inc, U.S.A.

Kaplan, H.B., (1980), **Self Esteem and Self Derogation Theory of Drug Abuse**, NIDA publication U.S.A.

Kerlinger, F.N., (1998), **Foundations of Behavioural Research**, Surjeet Publication, Delhi, India.

Khan A., (2002), **Learn to love yourself**, Booklet

Khanal, M.B., Dhital, P.N., Sharma, N.P., Ghimire, P.P. and Ghartimagar, M., (2002), **Psychology in the Class Room**, New Hira Books Enterprises, Kathmandu

Korchin, S.J., 1975, **Principles of Intervention in the clinical and community psychology**, Jain Bhawan Delhi, India.

Kothari, C.R., (1985), **Research Methodology**, Wishwa Prakashan, New Delhi.

Kupfer, (1996), **Anxiety Disorder and Substance Misuse**, British Journal of Psychiatry, London.

Lindgren, H.C., (1993), **Introduction to social psychology**, Wiley Eastern Limited, New Delhi

Malow, R.W., Corigan, S.A., Pena, J.M., Calkins, A.M. and Bannister, T.M., (1992), **Mood and Risk Behaviour among Drug Dependents**, Journal of American Psychiatry, U.S.A.

• Michael, P. and Harriet, S., (1976), **Alcoholism and Treatment**, Santa Monica Calif: Rand Corporation, U.S.A.

Miller, N.S., Kbmén, D., Hoffmann, N.G. and Flaherty, J.A., (1996), **Prevalence of Depression, Alcohol and Drug Dependence in Addiction treatment Population**, Journal of Psychoactive drugs U.S.A.

Mohanty, G., (1998), **A Text Book of Abnormal Psychology**, Kalyani Publishers, New Delhi

Morgan, C.T. (1993), **A Brief introduction to Psychology**, Tata McGraw Hill Inc, New York

NCASC, (2005), **Drug use in Asia: The situation in Nepal**, NCASL Bulletin

Neil, S., (1998), **Child and Drug Abuse**, NIDA U.S.A. Vol-13

New Era, (1996), **A Repid Assessment Survey on the Drug Abuse Situation in Nepal**, UNDCP, Nepal.

NIDA Notes, (1998), **Drug and Depression**, U.S.A.

Pandey, B., (2004), **Journey of Recovery**, Vision Offset Press, Kathmandu

Rai, L., (2000), **Socio-economic status and Drug Abuse Behaviour**, Unpublished M.A. Thesis, T.U. Nepal

Ranganathan, S, Jayaraman, R., Yenkataraman T., Menon R. and Rajaram, S., (1996), **Advance Masterguide for drug Addiction Counselling**, TT Ranganathan Clinical Research Foundation, Madras India.

Ray, O. and Ksir, C., (1983), **Drugs, Society and Human Behaviour**, St. Louis: Mosby U.S.A.

Reber, A.S., (1995), **Dictionary of Psychology**, Penguin Books Ltd., London.

Regier, (1994), **Mental Health Assessment and Diagnosis of Substances Abusers**, NIDA, U.S.A.

Regmi, M.P., (1998), **The Personatity Structure of Nepalese Gurung**, Unpublished Ph.D. Thesis, University of Saugar India.

Shah, A.S., (2002), **Drug Abuse Problem in Nepal**, An experience from Aasara, Kishor Offset Press, Kathmandu, Nepal

Sharma, N.P., (2000), **A Study of Relative Incidence of Mental Disorder and Drug Addiction**, Unpublished M.A. Thesis T.U. Nepal

Shedler, J. and Block J., **Adolescent Drug use and Psychological Health**: David C. and Deniel J., (1997), **The Personality Puzzle**, W.W. Norton and Company, New York, P.P. 145-161

Singh A.K., (1998), **Tests, Measurements and Research Methods in Behavioural Sciences**, Surjeet Pub. Delhi, India

Singh, A.K., (1987), **Manual for Differential Personality Scale**, Psycho-scientific works, Baripath Mahandru, Patana, India

Spencer, A.R., Jeffery, S.N., and Rinehart, H., and Winston, (1983) **Adjustment and growth**, Willy publication New York, P.P. 242-247, and 285-290

TDK Hospital, (2004) **Counselling Issues Related to Addiction**, Fingodap National Conference Report.

Ting Kaili, (2003), **The Genetics of Alcoholism**, U.S. Department of Health and Human Service, U.S.A.

www.abbottdiagnostics/medicalconditions/dabuse